

3-182.  
(Old No. 3-428.)

**Medical Division,**  
**BUREAU OF PENSIONS,**

Washington, D. C. *Aug 28, 1902*

No. Claim, **(b)(6)**

Claimant,

Soldier, *C. C. McIntire*

Co. A, 44 Reg't U. S. Vol. Inf't

Respectfully returned to the Chief  
of the Old War and Navy  
Division,

A salable degree  
of disability is  
shown in this case  
from disease of heart  
and malarial  
poisoning to cover alleged  
disease of stomach  
and bowels.

Catarrh, lumbago,  
disease of urinary  
organs and derangement  
of the nervous system  
not salable.

*R. H. Hagg*

Medical Examiner.

Approved:

*C. F. Whitney*

Acting Medical Referee.

0-4



O. W. and N. Div. Division.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, Aug. 20, 1902

Inv. Eng. No. (b)(6)

Claimant,  
Soldier, Gliese C. McIntire  
Co. A. 44 Reg't U. S. Vol. Inf.

Respectfully referred to the MEDICAL REFEREE  
with the request that he state which  
of the disabilities alleged  
by claimant cold and  
resulting catarrh ma-  
larial poisoning re-  
sulting disease of uri-  
nary organs lumbago  
and derangement  
of nervous system  
disease of heart and  
stomach & bowel  
trouble are shown to  
exist in a notable degree

P. O. Lamont  
Grant Co. Okla.

W. L. Chamberlain

Acting Chief of O. W. & N. Division

D. H. Lane, Esq.

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

## Department of the Interior, BUREAU OF PENSIONS,

Washington, D. C., *Apr. 9*, 190*2*

*L.O.s.*

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

In the memorandum of March 27, 1902 hereto attached, your attention was invited to the statement in your description that hepatic dullness extended as far as the lower border of the 13<sup>th</sup> rib, but you make no response, or explanation of any kind.

- (1) Has this man 13 ribs?
- (2) Locate the lower border of liver dullness in the mid-axillary line, the mammary line, and the median line.

*Apr 16, 1902*

The "13<sup>th</sup>" rib should have been the "12<sup>th</sup>" rib; this was a typographical error and was overlooked in correction.

- (1) This man has 24 ribs; 12 on each side.
- (2) Lower border of liver dullness in midaxillary line is even with lower border of 12<sup>th</sup> rib; in mammary line is 1 inch below 7<sup>th</sup> costal articulation; in median line is behind the umbilicus.

*E. E. Combs*  
*M. L. Lewis*  
*N. E. Smith*

J. F. RAUB,  
Medical Referee.



M.D.  
MEDICAL DIVISION.

3-151.  
(Old No. 3-516.)

THIS PAPER MUST NOT BE DETACHED FROM THE ACCOMPANYING CERTIFICATE.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., March 27, 1902

Sirs:

The attached certificate is returned for amendment. Date and sign the amendment and return promptly to this Bureau.

Is not your report as to the lower border of hepatic dullness an error? You state the "lower border of the 13<sup>th</sup> rib". State the area of dullness plainly. Do you mean  $7\frac{1}{2}$  by 10, or  $7\frac{1}{2}$  by 18 inches?

Please state clearly whether there is or is not oedema, dyspnoea, and cyanosis

We mean  $7\frac{1}{2}$  by 10 inches  
Enlargement is more in the right lobe of the liver, than in those of the left side of the liver

There is dyspnoea, oedema, and cyanosis. This is the worst case we have examined, considering his age

M.D. also  
S. E. Wright  
C. Lawrence

4/16/02

J. F. RAUB,  
Medical Referee.



# SURGEON'S CERTIFICATE.

Insert character and number of claim. Original. Pension Claim No. (b)(6)

Name of claimant. Clyde C. Mc Intire. Address { Enid, P. O. Okla. State.

Company A. Reg't 44 Reg. U.S. Vol. Inf. Board. { March, 5th, 1902. 190

Claimant's post-office address. Lamont Okla. [Date of examination.]

\* Cause of disability. Cold resulting catarrh, malarial poisoning, resulting disease of urinary organs, lumbago, derangement of the nervous system, disease of the stomach

bowels and heart. He receives a pension of no dollars per month.

Here give the claimant's statement (as briefly and as compactly as possible) in regard to the date of origin and cause of his disabilities and the manner in which they affect him.

He makes the following statement in regard to the origin of his disabilities and date when first discovered by him: Sept. 8th 1899 enlisted, Was in hospital at Pecolan for malarial fever, about one week, Was sick again in July of same year had at this time lumbago. Again in Apr. of the following year.

The outlines of the human skeleton and figure upon the back of this certificate should be used to indicate precisely the location of a disease or injury, the entrance and exit of a missile, an amputation, etc.

Birthplace, Harvey Kas.; age, 23 years; height, 5-11.; weight, 152 pounds; complexion, dark; color of eyes, brown; color of hair, black; occupation, R.R.; permanent marks and scars other than those described below, Vaccination on left arm lin. by 3/4-in.

We hereby certify that upon examination we find the following objective conditions:

Pulse rate, 120, 136, 160.; respiration, 20, 24, 38.; temperature, 99°;

Here give a full description of the disabilities, in accordance with Book of Instructions.

[Sitting, standing, after exercise.] Naso-pharyngeal catarrh: -Ant. and Post. nares are congested, tonsils are slightly enlarged Eustachian tubes pervious, external auditory apparatus and membrani timpani are normal, can hear ordinary conversation with either ear 20 feet and no farther. Malarial Poisoning, skin sallow and dry: Spleen is enlarged 1 1/2. Liver: -is enlarged, the upper border comes to top of 7th. rib the lower border corresponds to lower border of the 13th rib. Area of hepatic dullness is 7 1/2 by 10 in. (see diagram)

Facts within the knowledge of the Board, or any member thereof, relative to the cause of any disability found should be stated. Whenever a disability is shown or is believed to be due to or aggravated by vicious habits the opinion of the board must be stated. When not due to such habits this fact must be stated.

Has no endurance as effects of innervation, can do no manual labor at all. Lumbago: -Lumbar muscles are tender, and alleges pain whenever these muscles are placed upon a tension. Derangement of nervous system: -There is an aggravated case of neurasthenia, due to chronic malarial poisoning and enlargement of the liver and spleen. Heart: -Apex beat is visible to inspection and palpation 2 in below the left nipple Area cardiac dullness is 3 1/2 by 5 in. Rythm is normal, force increased, due to hypertrophy of left vent. no dilatation. Is oedema, dyspnoea and cyanosis.

Stomach: is tender to touch tongue coated and bowels constipated.

Except as above no disability is found to exist.

Urine pale amber, Spec. Grav. 1.030 Acid reaction  
No sugar, No albumin

No evidence of vicious habits.

Catarrh-2/18. Malarial poisoning and enlargement of liver and spleen 4/18.

Disease of the heart 10/18. Derangement of the nervous system 4/18.

When rates are recommended solely on subjective evidence the strongest reasons must be given therefor.

E. E. Fanning, Pres. M. H. Dees, Sec'y. S. E. Knight, Treas.

N. B.—Do not use backs of certificates for any purpose other than indicated by printed matter thereon. When additional space is needed to complete report of examination use blank certificate (on 3-126, 3-111, 3-112) properly numbered, and attach it to the back and upper margin of this sheet. Marginal entries must never be made.

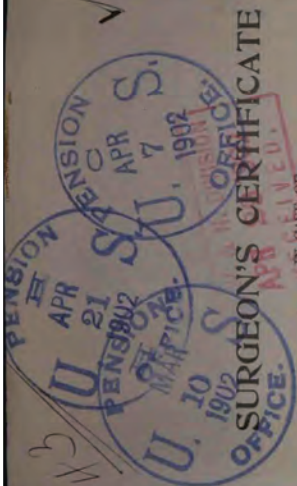


(This certificate to be filled in and signed by the secretary when the full board is present.)

"I hereby certify that Dr. E. Elwoodrick, Dr. Ma Kulas, and Dr. P. E. Knight, were personally present and actually participated in the examination of Clide C. Mc Intire, the claimant in this case, on 5th day of March, 1902.  
(Signature.) MA Kulas

(This certificate to be filled in by the member of the board acting as secretary, and signed by the applicant, when a full board is not present.)

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_, the examining surgeons here present (waiving examination by full board), on this \_\_\_\_\_ day of \_\_\_\_\_, 1902.  
(Signature.) \_\_\_\_\_



**SURGEON'S CERTIFICATE**

Clide C. Mc Intire

CoA, 44 Reg't US Vol Inf

APPLICANT FOR Original

No. (b)(6)

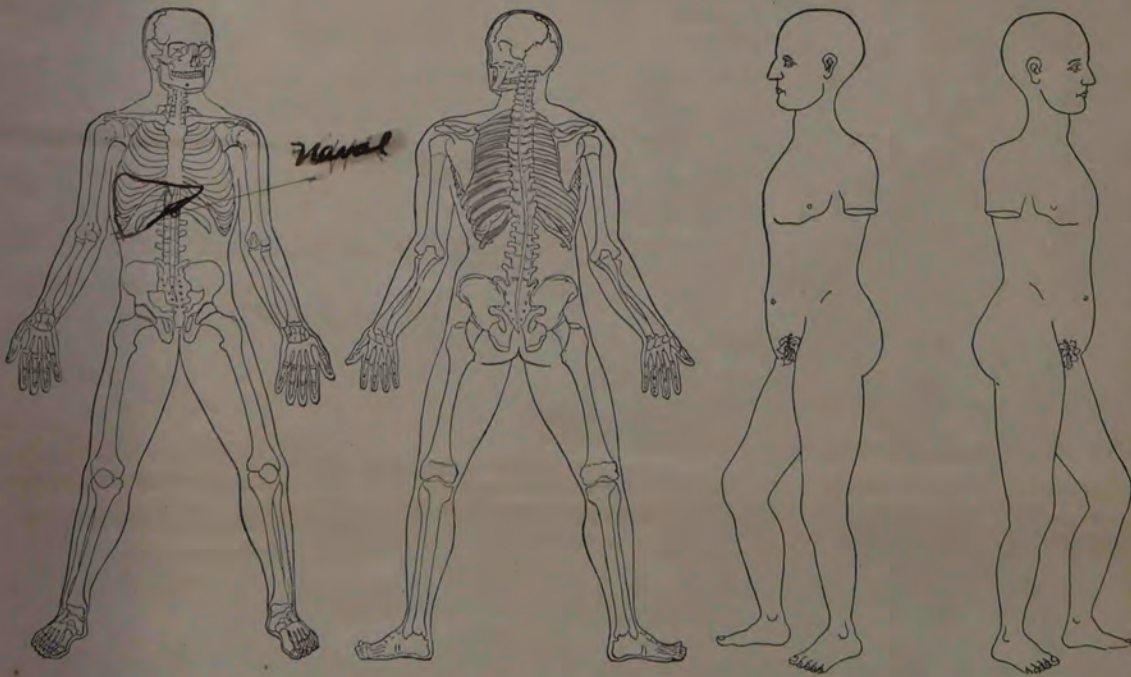
DATE OF EXAMINATION:

March 5th, 1902

E. Elwoodrick, Pres.,  
Ma Kulas, Sec'y,  
P. E. Knight, Treas.,  
BOARD.

Post office, Enid  
County, Garfield  
State, Oklahoma

P. S.—Write your Post-office address plainly and in full.



Single surgeons will use this blank, changing "we" to read "I." They will erase the words "Pres.," "Sec'y," "Treas.," and "Board" where the words appear, and sign at the foot of the certificate, and also on the back of the same.  
"All examinations shall be thorough and searching, and the certificate contain a full description of the physical condition of the claimant at the time, which shall include all the physical and rational signs and a statement of all the structural changes." [Extract from Section 4, Act of Congress approved July 25, 1882.]

WAR WITH SPAIN.

3-423.  
(Old No. 3-536.)

O. W. and N. Div. Division.

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, Feb 7, 1902

Original No. (b)(6)

Claimant, Glide G. McEntire

Soldier, Corporal

Co. A, 44 Reg't U. S. A.

Respectfully referred to the MEDICAL REFEREE  
with the request that he cancel order  
issued Oct. 5, 1901 to Enid,  
Okla. T. and forward  
order attached - sent.

Feb. 10/02 New order forwarded.  
Order of Oct. 5, has it sent.

Medical Referee

H. H. Bryant

Chief of O. W. & N. Division

J. P.



O. W. and N. Div.  
Div. 3-338.  
(Old No. 3-091.)

Department of the Interior,

BUREAU OF PENSIONS,

MAR 11 1902

RECEIVED  
WASHINGTON, D. C., Feb 7, 1902

Orig. No. (b)(6)  
Mr. Slide G. McEntire  
Co. A 44 Regiment U. S. A.  
(State.)  
P. O. Lampert  
Co., Grant, Okla.  
(State.)

You are hereby directed to report in person for a medical examination to the Board of Examining Surgeons Gammon and Golding  
(St. and No.) Block  
Town, Enid  
County, Garfield, State, Okla.  
within three months from date hereof.

The Board meets at 10 A. M. o'clock  
First + Third Wednesday in each month.

Read the instructions on the back of this slip, and return it with the date of examination noted below by the secretary of the board making the examination.

Very respectfully, McHenry  
Commissioner.

Examination made by—  
Dr. E. Condict  
Dr. M. Kela, and  
Dr. E. Knight.  
members of the Board, this 3<sup>rd</sup> day  
of March, 1902  
M. A. Kela  
Secretary.

Attorney: \_\_\_\_\_

P. O.: \_\_\_\_\_

The act of Congress approved July 25, 1882, authorizes the Commissioner of Pensions to direct examinations by Boards of Surgeons. When a claimant ordered before a board finds less than a full board present, he may, if he desires, refuse to be examined, and appear later before the full board. Should he be willing to proceed without a full board, the Secretary of the Board shall specify by name on the certificate of examination the members of the board present, and the applicant shall subscribe a certificate on the same paper as follows:

"I, \_\_\_\_\_, the applicant for (increase or original) pension referred to in this medical certificate, hereby consent to be examined by Dr. \_\_\_\_\_ and Dr. \_\_\_\_\_ the examining surgeons here present."

By such certificate the claimant will be held to have waived the privilege of the statute relative to examination by a full board.

6-564

NOTE—SHADED ITEMS TO BE COMPLETED BY INPUT CLERK

1. TYPE OF CLAIM (Check one) <input type="checkbox"/> COMP. <input type="checkbox"/> D.I.C. <input type="checkbox"/> SPEC. ALLOW. (Sec. 412(a)) <input checked="" type="checkbox"/> PENSION		INS. <input type="checkbox"/> SMI <input type="checkbox"/>		PAYMENT NOTICE (STOP—SUSPEND—RESUME)		2. TELETYPE—047 TURN ON FUNCTIONS		FIG. <input type="checkbox"/> L <input type="checkbox"/>	
3. NAME OF VETERAN (If different from Item 7) <i>CLIDE C. MCINTIRE</i>				7. PERSON ENTITLED (b)(6)		5. PAYEE NO. 10		FIG. <input type="checkbox"/> L <input type="checkbox"/>	
16. NAME AND ADDRESS OF PAYEE (Complete only for Resume Payment)				6. TYPE ACTION <input checked="" type="checkbox"/> STOP <input type="checkbox"/> RESUME <input type="checkbox"/> E1 <input type="checkbox"/> H <input type="checkbox"/> E2 <input type="checkbox"/>		4. CLAIM NUMBER		5. PAYEE NO.	
				8. R.O. NO.		9. EFFECTIVE DATE		10. TERM CODE	
				12. T.T. SKIP CODE		13. MAIL CODE		14. CONTROL NO.	
				FIG. <input type="checkbox"/> Z <input type="checkbox"/> Z		15. CARD RELEASE AND DUPLICATE FUNCTIONS FIG. <input type="checkbox"/> V <input type="checkbox"/> G <input type="checkbox"/> \$ <input type="checkbox"/> \$ <input type="checkbox"/> V		18. INSURANCE NUMBERS	
				17. REMARKS <i>PAYEE DECEASED - DATE UNKNOWN</i>		19. COPY TO: <input type="checkbox"/> ADJ. <input type="checkbox"/> CHIEF ATTY. <input type="checkbox"/> VR&E <input type="checkbox"/> OTHER (Specify)		20. PREPARED BY: <i>[Signature]</i>	
				19A. CITY AND STATE		20A. PREPARING OFFICE (If other than Reg. 8)		22A. DATE 1965	
				21. SUBMITTED BY: <i>[Signature]</i>		21A. DATE 2-3-65		22. APPROVED BY: <i>[Signature]</i>	

U.S. GOVERNMENT PRINTING OFFICE: 1963 OF -678379

SUPERSEDES VA FORM 21-8046, JUL 1962, WHICH WILL NOT BE USED.

VA FORM 21-8046 FEB 1963



ATTACH "C" FOLDER  
ROUTE TO APPROPRIATE  
ADJUDICATION SECTION

# NOTICE OF BENEFIT PAYMENT TRANSACTION

CLAIM NUMBER		PAYEE NUMBER	TYPE	CON-TROL	NAME OF PERSON ENTITLED		CHANGE	DATE	STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD				
(b)(6)		10	B	G	OF MCINT		21	65-01-21	72	56	480	6500				
WITHHELD		INC. CODE	APPORTIONED AMOUNT	NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT	CONTROLS					
TYPE	AMOUNT			AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE							
E				6500	631201	6500	640701	18800	631101	6500	GGGD					
DEATH STAT.	VETERANS NAME		YEARS SVC.	PAY GRADE	SPEC. LAW	DEP.	LIVE STAT.	YEAR BIRTH	SMC CODE	LOSS USE	ANAT. LOSS	OTH. LOSS	COM PET.	SPEC. LAW	DEP.	COMB. DEGR.
	CC MCINT				00	10										
DEDUCTIONS AND ACCOUNTS RECEIVABLE				NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE				BALANCE			
				1		.										
				2		.										
				3		.										
				4		.										
				5		.										
				6		.										
				7		.										
				8		.										
				9		.										
				10		.										
PROCEEDS SEGMENT								ACCUMULATIVE AMOUNT								
FUTURE DATE	NO.	TYPE	EFFECTIVE DATE	GROSS AWARD	WITHHELD		INC. CODE	APPORTIONED AMOUNT	NET AWARD	DEP.	REFERENCE					
	1			.		.		.	.							
	2			.		.		.	.							
	3			.		.		.	.							

## REMARKS

CASE IN SUSPENSE 06MO. REF 20-8APPX.F SECT 3,PAR1.C

MSG CODE 24

VA FORM 20-6560  
MAY 1964


EXISTING STOCKS OF VA FORM 20-6560,  
NOV 1961 WILL BE USED





ATTACH "C" FOLDER  
ROUTE TO APPROPRIATE  
ADJUDICATION SECTION

# NOTICE OF BENEFIT PAYMENT TRANSACTION

CLAIM NUMBER		PAYEE NUMBER	TYPE	CON-TROL	NAME OF PERSON ENTITLED		CHANGE	DATE		STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD			
(b)(6)		10	B	G	OF MCINT		21	64-08-11		72	56	480	6500			
WITHHELD		APPORTION		NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT		CONTROLS				
TYPE	AMOUNT	TYPE	AMOUNT	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	PAY AMOUNT		CONTROLS				
E	.	.	.	6500	631201	6500	640701	18800	631101	6500		FGGD				
DEATH STAT.	VETERANS NAME		YEARS SVC.	PAY GRADE	SPEC. LAW	DEP.	LIVE STAT.	YEAR BIRTH	SMC CODE	LOSS USE	ANAT. LOSS	OTH. LOSS	COM PET.	SPEC. LAW	DEP.	COMB. DEGR.
	CC MCINT				00	10										
DEDUCTIONS AND ACCOUNTS RECEIVABLE				NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE	BALANCE						
				1		.										
				2		.										
				3		.										
				4		.										
				5		.										
				6		.										
				7		.										
				8		.										
				9		.										
				10		.										
PROCEEDS SEGMENT							ACCUMULATIVE AMOUNT									
FUTURE DATE	NO.	TYPE	EFFECTIVE DATE	AMOUNT RATE	WITHHELD		APPORTION		NET AWARD	DEP.	REFERENCE					
					TYPE	AMOUNT	TYPE	AMOUNT								
	1			.		.		.	.							
	2			.		.		.	.							
	3			.		.		.	.							
REMARKS																
1 CHECK RETURNED AND CANCELLED CYCLE 5 AUGUST																
CHECK NUMBER DATE RSN AMOUNT APPLICATION																
26,386,686 7/64 3 \$ 65.00 SUSPENDED-DLP BACKED UP 1 MONTH																
 <div style="position: absolute; right: 0; bottom: 0;"> <p>3/20</p> <p><i>[Signature]</i></p> </div>																

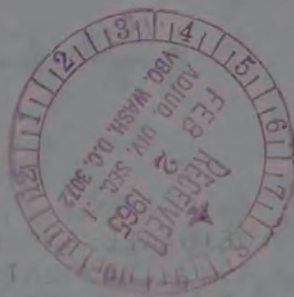
MSG CODE 17 D PMT SUSP 7- 1-64 RETURNED CHECK -NONENTITLEMENT SUSP

VA FORM NOV. 1961 20-6560

29

EXISTING STOCKS OF VA FORM 20-6560, JAN 1961 WILL BE USED







VETERANS ADMINISTRATION

VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON, D. C. 20421

CLAIM NUMBER:

(b)(6)

Willie F McIntire  
unmarried widow  
5417 Dallas Way  
Sacramento Calif

Dear Mrs McIntire:

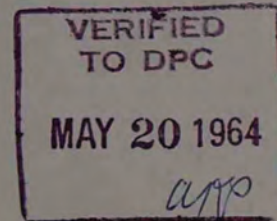
The following award has been made to you:

Monthly Amount

\$ .

Beginning Date

12-01-63



It is MOST IMPORTANT that you note the contents of the attachments which may affect your right to continue to receive these payments.

Encl:

VA Form .

Copy .

Very truly yours,

Adjudication Officer

FL 21-822(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.

DEP. TOTAL AWARD	DEP. THIS AWARD	BR. YR. CHILD PARENT	411(B)	H.C.	O/P									
1010					U/V									
BR. SVC.	DATE DEATH	DEATH IN SVC.	DUTY DATES	AGE	SEX	NAME VET.				W				
	1-1-63		05-01-63	65		McIntire								
ENT.	MAIL	TYPE	SP. LAW A & A	H.C.	PERS. ENT.	NET WOR.	COLL.	FUT (D)	YR. BR.-MAR. WID.	PAY GR. YR. SVC.	O/P			
											W			
TR.	WITHHOLDING										Q			
TR.	PRIOR NET AWARDS										R/X			
INCOME											Y4			
SUPP. AWD.	DATE	DEP.	ENT.	W/HOLD	YR. BR.	DEP. THIS	PRIOR AWD.	DATE			Y2			
TR.	TYPE	SEX	NAME VET.	BR. SVC.	DUTY DATES	CMB SCD	EMP.	YR. BR.	FUT. MED.	COMPT.	K			
DIAG. CODES				TR.	OVER 6	C.D.	TR.	SMC	LOSS	ANT.	OTH	SP.	DISAL.	K
														L1
CHG. DATE	BR.	DUTY DATES	ENT.	DIAG. CODES										L2
														Y1

PAPER PATENTED BY NCR CO. PRINTED BY DATAFOLD FORMS, INC. 69016



1. TYPE OF CLAIM <input type="checkbox"/> COMP. <input checked="" type="checkbox"/> PENS. <input type="checkbox"/> DIC. <input type="checkbox"/> ACCR.		2. DATE OF CLAIM <b>4-10-64</b>		<b>AWARD OR DISALLOWANCE OF DEATH CLAIM</b>		3. CLAIM NUMBER <b>(b)(6)</b>		4. PAY NO. <b>10</b>					
5. COPY TO: <input type="checkbox"/> CHIEF ATTORNEY <input type="checkbox"/> VR & E				5A. REGIONAL OFFICE (City and State)		6. INITIALS AND SURNAME OF VETERAN <b>C C MCINTIRE</b>							
NOTE—Shaded items to be completed by Control Clerk													
7. NAME AND ADDRESS OF PAYEE (Or person to be notified if disallowed) <b>OLLIE F. MCINTIRE</b> <b>WIDOWED WIDOW</b> <b>(b)(6)</b>						STATISTICAL DATA							
						9. ENTIT. CODE <b>56</b>		10. MAIL CODE		11. TYPE AWARD <b>B</b>			
						12. SPECIAL LAW CODE		13. INC. CODE		13A. AMT. OF INC. \$			
						14. INIT. AND SURNAME OF PERSON ENTIT. <b>O F M.C. INT</b>						14A. NET WORTH CODE	
						15. COLLECTION CODE		16. ADD'L FUTURES CODE					
7A. SALUTATION <input type="checkbox"/> MR. <input checked="" type="checkbox"/> MRS. <input type="checkbox"/> MISS <input type="checkbox"/> OTHER (Specify)						MISCELLANEOUS DATA							
8. DISALLOWANCE CODE		8A. REASON FOR DISALLOWANCE				17. WIDOW'S BIRTH YEAR <b>86</b>		18. DATE OF MARRIAGE (Month, day, year) <b>11-16-42</b>					
						19. PAY GRADE		20. YEARS OF SERVICE					
21. AWARD DATA								22. MAX. ADD'L AMOUNT AVAIL. (\$ (411(b)))		23. NO. HELP CHILD.			
DEPENDENCY		YEAR OF BIRTH (C)	MONTHLY PAYMENT (D)	EFFECTIVE DATE (E)	PRIOR NET AWARD DATA		VETERANS IDENTIFICATION DATA						
TOTAL AWARD (A)	THIS AWARD (B)				MONTHLY PAYMENT (F)	EFFECTIVE DATE (G)	24. BRANCH OF SERVICE <b>1</b>		25. DEATH MO. DAY YR. <b>11/16/63</b>		26. DEATH IN SERVICE 1—NO <b>1</b> 2—YES		
<b>10</b>			<b>18800</b>	<b>11-1-63</b>			27A. EOD MO. DAY YR. <b>09/06/99</b>		27B. RAD MO. DAY YR. <b>06/03/01</b>		28. AGE AT DEATH <b>85</b>		
<b>10</b>			<b>6500</b>	<b>12-1-63</b>			29. SEX 1—MALE 2—FEMALE <b>1</b>		30. NAME OF VETERAN ITEM 6 ABOVE				
31. SUPPLEMENTAL AWARD DATA													
MONTHLY PAYMENT (A)		EFFECTIVE DATE (B)	DEP. TOTAL AWARD (C)	ENTITLEMENT CODE (D)	YEAR OF BIRTH (E)	DEP. THIS AWARD (F)	PRIOR NET AWARD DATA						
							MONTHLY PAYMENT (G)		EFFECTIVE DATE (H)				
32. REMARKS:													
<b>VERIFIED TO FLECO UNIT</b> <b>DATE 5-18-64</b> <b>BY CPT</b>													
33. DEPENDENCY INFORMATION (Not for input)													
PAYEE NO.	NAME OF CHILD	REL.	DATE OF BIRTH	DATE EVID. REC'D.	PAYEE NO.	NAME OF CHILD	REL.	DATE OF BIRTH	DATE EVID. REC'D.				
<b>PENDING</b> <b>FINAL 140</b> <b>116 A-0</b>						<b>VERIFIED TO DPC</b> <b>MAY 20 1964</b> <b>UMP</b>							
34. SIGNATURE OF ADJUDICATOR <b>Nelson Odome</b>				34A. DATE <b>5-15-64</b>		35. SIGNATURE OF AUTHORIZATION OFFICER <b>John T. Clardy</b>				35A. DATE <b>MAY 18 1964</b>			
										36. R.O. NO. <b>72</b>			



# DEATH AWARD OR DISALLOWANCE WORKSHEET

## TYPE OF LETTER

- |   |  |
|---|--|
| <input type="checkbox"/> FL 21-39 NOTICE OF DISALLOWANCE OF PARENTS CLAIM FOR DIC     | <input checked="" type="checkbox"/> FL 21-822 AWARD NOTICE LETTER AND CONTROL DOCUMENT |
| <input type="checkbox"/> FL 21-837 NOTICE OF DISALLOWANCE OF CLAIM FOR DIC OR PENSION | <input type="checkbox"/> FL 21-822 DUMMY-DICTATED LETTER REQUIRED                      |
| <input type="checkbox"/> FL 21-144 NOTICE OF DISALLOWANCE OF DIC AND REQ. FOR EVID.   | <input type="checkbox"/>   |
|   | <input type="checkbox"/>   |

## ATTACHMENTS

- |  |  |
|--|--|
| <input type="checkbox"/> 21-6753 ORIGINAL OR AMENDED D.I.C. AWARD          | <input type="checkbox"/> 21-6895 DEATH PENSION AWARD (PL 211) (Orig. or amend) |
| <input type="checkbox"/> 21-6757 DEATH PENSION AWARD (Protected)           | <input type="checkbox"/> 21-8050 NOTICE TO FIDUCIARY (Consolidated award)      |
| <input type="checkbox"/> 21-6771 DEATH COMPENSATION AWARD (Orig. or amend) | <input checked="" type="checkbox"/> FL 21-58 → OLD WAR STUFFER                 |
| <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/>   | <input type="checkbox"/>   |
| <input type="checkbox"/>   | <input type="checkbox"/>   |

BA  
DVIE  
10 HRS 10 AM  
RECEIVED

## REMARKS AND SPECIAL INSTRUCTIONS

NUMBER OF COPIES

COPIES TO:

ORIGINAL AND  
COPIES

☐ AL ☐ ARC ☐ AMVETS. ☐ DAV ☐ VFW ☐ OTHER (Specify)

ENCLOSURES

TYPING COMPLETED BY

DATE



NOTE.—Shaded areas to be completed by Control Clerk		<b>RATING DECISION</b>		3. CLAIM NUMBER XC- (b)(6)	4. TYPE OF RATING <input type="checkbox"/>
1. COPIES TO: <input type="checkbox"/> INS. <input type="checkbox"/> MEDICAL <input type="checkbox"/> VR & E <input type="checkbox"/> OTHER (Specify)		2. ADDRESS OF VETERAN (If required on copy)		5. SEX OF VET. 1—MALE 2—FEMALE	6. INITIALS & SURNAME OF VETERAN <b>C. C. Mc INTIRE</b>
7. BRANCH OF SVC. <input type="checkbox"/>	8. ACTIVE DUTY DATES (Month, day year) EOD <b>09-06-99</b> RAD <b>06-30-01</b>		9. COMBAT DISAB. 1—NONE 2—COMPENSABLE 3—NON COMPENS. 4—BOTH	10. NO. OF S/C DISAB. (0 through 9) (9 to show 9 or more)	11. EMPLOYABILITY 1—EMPLOYABLE OR NOT AN ISSUE 2—UNEMPLOYABLE
12. DATE OF BIRTH (Month, day, year)	13. DATE FUTURE EXAM. (Month, day, year)	14. COMPETENCY 1—COMPETENT OR NOT AN ISSUE 2—INCOMPETENT	15. DATE OF DEATH <b>11-16-63</b>	16. DATE OF LAST EXAMINATION	17. DATE THIS RATING <b>MAY 15 1964</b>

18. NARRATIVE

**J** Form 21-534.

**I** SC for cause of death.

**F** This veteran was service-connected for myocarditis and arthritis.

The veteran died from carcinoma with terminal bronchopneumonia. Generalized arteriosclerosis is listed as a contributory cause of death. The veteran's myocarditis was not of arteriosclerotic origin, hence the arteriosclerosis is not service-connected.  
(See IP 100, 1945 R. S.)

**D** The fatal malignancy was of such overwhelming gravity that the service-connected disabilities are not shown to have contributed materially or substantially in causing death.

6. Cause of death:  
**TERMINAL BRONCHOPNEUMONIA DUE TO BRONCHOGENIC CARCINOMA, GENERALIZED ARTERIOSCLEROSIS.**

NSC as below.

8. NSC, SAW  
**TERMINAL BRONCHOPNEUMONIA DUE TO BRONCHOGENIC CARCINOMA, GENERALIZED ARTERIOSCLEROSIS.**

19. OVER SIX <input type="checkbox"/>	20. SPECIAL MONTHLY COMPENSATION				21. SPECIAL PROVISION CODE		
	A. PARA. CODE	B. LOSS USE	C. ANAT. LOSS	D. OTHER LOSS	1—PAR. 29 2—PAR. 30	3—VAR 1321 4—VAR 1322	5—ANAL. RATING 6—OTHER OR COMB.
22. CLAIMANT REPRESENTED BY: <input type="checkbox"/> AL <input checked="" type="checkbox"/> FFW <input type="checkbox"/> DAY <input type="checkbox"/> ARC <input type="checkbox"/> AMVETS <input type="checkbox"/> OTHER (Specify)					23. RATING BOARD NO. <b>C&amp;P I</b>	24. STATION NO. <b>VBO 3072</b>	
25. RATING SPECIALIST (Medical) <b>A. L. EVERS, M. D.</b> CHM. <input type="checkbox"/>					26. RATING SPECIALIST (Legal) <b>H. T. NEWLAND X</b> CHM. <input checked="" type="checkbox"/>		
					27. RATING SPECIALIST (Occupational) <b>J. S. BURDETTE</b> CHM. <input type="checkbox"/>		



WASH D.C.

Form approved  
Budget Bureau No. 76-R010.10

VETERANS ADMINISTRATION					(DO NOT WRITE IN THESE SPACES)	
APPLICATION FOR DEPENDENCY AND INDEMNITY COMPENSATION OR DEATH PENSION BY WIDOW OR CHILD					VA DATE STAMP	
(INCLUDING ACCRUED BENEFITS AND DEATH COMPENSATION, WHERE APPLICABLE)						
IMPORTANT—Read instructions before filling in form. Answer all items fully. Detach and retain ONLY the instruction sheet. If more space is required, attach additional sheets and identify each answer by item number.						
1. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN (Type or print)						
MCINTIRE, CLIDE CLAYTON						
2A. FIRST NAME—MIDDLE NAME—LAST NAME OF CLAIMANT (Type or print)						
OLLIE FRANCIS MCINTIRE						
2B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., zone number and State)				2C. RELATIONSHIP TO VETERAN (Check one)		
(b)(6)				<input checked="" type="checkbox"/> WIDOW <input type="checkbox"/> CHILD		
3. IF VETERAN PREVIOUSLY APPLIED TO THE VETERANS ADMINISTRATION FOR ANY BENEFIT, INSERT CLAIM NUMBER IF KNOWN		4. SOCIAL SECURITY ACCOUNT NO. OF VETERAN		5. RAILROAD RETIREMENT NO.		6. VETERANS ADMINISTRATION CLAIM NO.
C- (b)(6)						XC-2360708
PART I—IDENTIFICATION AND SERVICE INFORMATION OF VETERAN						
7. DATE OF BIRTH		8. PLACE OF BIRTH		9. DATE OF DEATH		10. PLACE OF DEATH
AUG 21, 1898		SEDGWICK, KANSAS		NOV 16, 1963		WETS HOSPITAL WILKES BARRE, PA
11A. CAUSE OF DEATH (See Instructions, paragraph F)				11B. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE?		
CANCER				<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
SERVICE INFORMATION						
NOTE—The following information should be furnished for each period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or service as a commissioned officer in the Coast and Geodetic Survey or Public Health Service.						
12A. ENTERED ACTIVE SERVICE		12B. SERVICE NO.		12C. SEPARATED FROM ACTIVE SERVICE		12D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE
DATE	PLACE			DATE	PLACE	
6 Sep 1899	(b)(6)			JUNE 30, 1901 July 1		Cpl Co H, 14th Reg Inf, 1st Army
13. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME						
PART II—INFORMATION RELATING TO MARRIAGE (See Instructions, paragraph G)						
INFORMATION RELATING TO VETERAN						
14. HOW MANY TIMES WAS VETERAN MARRIED?						
ONE						
15A. MARRIAGE		15B. TO WHOM MARRIED		15C. HOW MARRIAGE ENDED (Death, divorce, etc.)		15D. MARRIAGE ENDED
DATE	PLACE					DATE PLACE
Nov 16, 1942	SANTA MONICA CALIF	OLLIE COLE		DEATH		NOV 16, 1963 VENICE CALIF
16. HOW MANY TIMES HAS WIDOW BEEN MARRIED?						
THREE						
17A. MARRIAGE		17B. TO WHOM MARRIED		17C. HOW MARRIAGE ENDED (Death, divorce, etc.)		17D. MARRIAGE ENDED
DATE	PLACE					DATE PLACE
JUNE 12, 1907	NEVADA	JOHN ADAM LEICHTNER		DEATH		UNKNOWN TOMBHACH NEVADA
		GEORGE HENRY COLE		DEATH		3/13/1924 LOS ANGELES



# PART II—INFORMATION RELATING TO MARRIAGE (Continued)

NOTE—If claimant is not the veteran's widow, omit items 18 to 26, inclusive.

18. MAIDEN NAME OF VETERAN'S WIDOW (First—middle—last) <i>Ollie Frances Highland</i>		19. DATE OF BIRTH <i>March 1886</i>
20. PLACE OF BIRTH <i>Golden, Colorado</i>	21. WAS A CHILD BORN OF WIDOW'S MARRIAGE TO VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	22. DID WIDOW LIVE CONTINUOUSLY WITH THE VETERAN FROM DATE OF MARRIAGE TO DATE OF DEATH? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "No," fill in 23)
23. CAUSE OF SEPARATION (Explain fully giving reason, date of separation, duration, etc. If separation was by court order, attach a certified copy of such order.)		

24. HAS WIDOW REMARRIED SINCE DEATH OF VETERAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 25 and 26)	25. DATE REMARRIED	26. PLACE REMARRIED
--	--------------------	---------------------

## PART III—INFORMATION CONCERNING CHILDREN (See Instructions, paragraph H)

### IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY

NOTE.—List below, the name of each unmarried child of the veteran, including adopted child or stepchild, under 18 years of age (or under 21 years of age if attending school); or of any age if permanently incapable of self-support by reason of mental or physical defect. If the birth of a child of the veteran is expected, that fact should be stated.

27A. NAME OF CHILD	27B. DATE OF BIRTH	27C. PLACE OF BIRTH	27D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF EACH CHILD

NOTE.—Item 28 to be answered by widow only if any child listed above is not in her custody.

28. DO YOU ALSO DESIRE THIS APPLICATION TO BE CONSIDERED AS A CLAIM FOR THE VETERAN'S CHILDREN LISTED IN ITEM 27A, WHO ARE NOT IN YOUR CUSTODY?

☐ YES ☒ NO

### ADDITIONAL INFORMATION RELATING TO CHILDREN LISTED IN ITEM 27A

29. NAME OF LEGALLY ADOPTED CHILD (If none, write "NONE")	30. NAME OF HELPLESS CHILD (If none, write "NONE")	31. HAS SUCH CHILD EVER MARRIED? <input type="checkbox"/> YES <input type="checkbox"/> NO
---	--	--

32. NAMES OF CHILDREN OF AGE 18, 19, OR 20, WHO ATTEND SCHOOL REGULARLY (If none, write "NONE")

33. NAME OF ILLEGITIMATE CHILD (If none, write "NONE")

34. NAME OF STEPCHILD (If none, write "NONE")

NOTE—If no children are listed in items 33 and 34, do not fill in item 35.

35. NAMES OF CHILDREN LISTED IN ITEMS 33 AND 34 WHO WERE MEMBERS OF THE VETERAN'S HOUSEHOLD AT TIME OF VETERAN'S DEATH (If none, write "NONE")



NOTE—If the veteran died while in active service or if he had no service after April 5, 1917, do not fill in Parts IV, V or VI.

**PART IV—ANNUAL INCOME OF WIDOW AND/OR CHILD (By calendar years)**

**IMPORTANT—Read carefully Instructions, paragraph I, before answering questions. All items required to be filled in must be answered FULLY and COMPLETELY.**

36A. ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 36B to 36E, inclusive)		36B. BEGINNING DATE
36C. MONTHLY AMOUNT \$ 40.00	36D. IS YOUR SOCIAL SECURITY INCOME BASED ON YOUR OWN EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in item 36E)	36E. SOCIAL SECURITY ACCOUNT NO. 571-24-6933 B

NOTE—If part of your income is from any other retirement plan or annuity based upon your employment or purchase, complete the following:

37A. BEGINNING DATE	37B. MONTHLY AMOUNT \$ NONE	37C. BY WHOM PAID (Name and address)	37D. AMOUNT YOU PAID INTO PLAN \$
---------------------	--------------------------------	--------------------------------------	--------------------------------------

**COMMERCIAL INSURANCE PAYMENTS TO CLAIMANT**

NOTE—Include Federal Employees' Government Life Insurance, BUT do not include insurance payable by Veterans Administration.

38A. TOTAL AMOUNT RECEIVED OR EXPECTED	\$
38B. AMOUNT RECEIVED OR EXPECTED DURING THE YEAR IN WHICH VETERAN DIED	\$
38C. AMOUNT RECEIVED OR EXPECTED DURING THE FOLLOWING YEAR	\$

**OTHER INCOME RECEIVED**

NOTE—Include other income received from January 1 to date of death of veteran or, if claim is filed during a year after the veteran died, income received from January 1 to date you sign this application.

39A. WIDOW AND/OR CHILD OR CHILDREN	39B. AMOUNT OF INCOME	39C. SOURCE OF INCOME
NAME OF WIDOW OLIE FRANCIS MC INTIRE	\$ NONE	
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	

**OTHER INCOME EXPECTED**

NOTE—Include other income expected from date of death of veteran to December 31 of that year or, if claim is filed during a year after the veteran died, income expected from the date you sign this application to December 31 of the same year.

40A. WIDOW AND/OR CHILD OR CHILDREN	40B. AMOUNT OF INCOME	40C. SOURCE OF INCOME
NAME OF WIDOW OLIE FRANCIS MC INTIRE	\$ 360.00	SOC. SEC
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	

**OTHER INCOME EXPECTED FOR NEXT CALENDAR YEAR**

NOTE—If unable to state exact amounts, give approximate amounts expected.

41A. WIDOW AND/OR CHILD OR CHILDREN	41B. AMOUNT OF INCOME	41C. SOURCE OF INCOME
NAME OF WIDOW OLIE FRANCIS MC INTIRE	\$ 480.00	SOC. SEC
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	



# PART V—DEDUCTIBLE EXPENSES

NOTE—Your income may be reduced by the amount of the just debts, expenses of last illness and burial of the veteran paid by you. Be sure to include as income in items 39B through 41B any reimbursement received on these expenses or debts. See Sec. "J" of instructions for reporting payments and reimbursements made after filing of your claim.

42A. NAME AND ADDRESS OF PERSON TO WHOM PAID	42B. TOTAL AMT. OF EXPENSE OR DEBT	42C. NATURE OF EXPENSE OR DEBT	42D. DATE PAID	42E. AMOUNT PAID BY YOU
	\$			\$
	\$			\$
	\$			\$
	\$			\$

## PART VI—NET WORTH OF WIDOW AND/OR CHILD OR CHILDREN (See Instructions, para. K, items 43B to 43F, incl.)

43A. WIDOW AND/OR CHILD OR CHILDREN	43B. STOCKS, BONDS, BANK DEPOSITS	43C. REAL ESTATE	43D. OTHER PROPERTY	43E. TOTAL DEBTS	43F. NET WORTH
NAME OF WIDOW OLLIE F. McINTIRE	\$ 22,000	\$ 2,000	\$ NONE	\$	\$
NAME OF CHILD	\$	\$	\$	\$	\$
NAME OF CHILD	\$	\$	\$	\$	\$
NAME OF CHILD	\$	\$	\$	\$	\$

## PART VII—MISCELLANEOUS INFORMATION

44A. FULL NAME OF VETERAN'S MOTHER UNKNOWN		44B. ADDRESS OF VETERAN'S MOTHER, IF LIVING —	
45A. FULL NAME OF VETERAN'S FATHER 11		45B. ADDRESS OF VETERAN'S FATHER, IF LIVING —	
46A. HAS THE WIDOW OR CHILD PREVIOUSLY FILED CLAIM FOR BENEFITS WITH THE VETERANS ADMINISTRATION? <input checked="" type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 46B through 48, inclusive)		46B. NAME OF PERSON ON WHOSE SERVICE CLAIM WAS MADE OLLIE F. McINTIRE	
46C. RELATIONSHIP TO CLAIMANT Widow		49. HAS ANY FEE BEEN PAID OR WILL ANY FEE BE PAID TO ANY PERSON FOR ASSISTANCE IN THE PREPARATION OF THIS APPLICATION FORM? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO (If "Yes," fill in 50 and 51)	
47. CLAIM NO. XC (b)(6)	48. OFFICE WHERE CLAIM WAS FILED (City and State) VETS ADMINISTRATION Reg. Off. Los Angeles Cal		
50. NAME AND ADDRESS OF PERSON ASSISTING THELMA MINTER (b)(6)		51. AMOUNT OF FEE \$ NONE	

CERTIFICATION: I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

52. DATE SIGNED March 23, 1964	53. SIGNATURE OF CLAIMANT SIGN HERE X Ollie F. McIntire
WITNESSES TO SIGNATURE OF CLAIMANT IF MADE BY "X" MARK. NOTE—Signature made by mark must be witnessed by two persons to whom the person making the statement is personally known, and the signatures and addresses of such witnesses must be shown below.	
54A. SIGNATURE OF WITNESS	54B. ADDRESS OF WITNESS
55A. SIGNATURE OF WITNESS	55B. ADDRESS OF WITNESS

PENALTY—The law provides severe penalties which include fine or imprisonment, or both, for the willful submission of any statement or evidence of a material fact, knowing it to be false, or for the fraudulent acceptance of any payment to which you are not entitled.



# MEMORANDUM FOR FILE DEPENDENTS CLAIM

LAST NAME • FIRST NAME • MIDDLE NAME OF VETERAN

McINTIRE, CLIDE C.

CLAIM NO.

(b)(6)

This X-folder has been examined and based on information currently of record, the following determination is made.

DECISION (Check)

DECISION (Check)

☐ IT IS NOT INDICATED THAT AN APPLICATION FOR DEPENDENCY AND  
INDEMNITY COMPENSATION, DEATH COMPENSATION OR PENSION SHOULD  
BE FORWARDED TO A WIDOW, CHILD, OR PARENT.

☒ IT IS NOT INDICATED THAT AN APPLICATION FOR THE STATUTORY  
BURIAL ALLOWANCE SHOULD BE FORWARDED TO ANY PERSON.

COMPLETE V.A. CONTRACT  
SERVICE

☐ IT IS NOT INDICATED THAT AN APPLICATION FOR ACCRUED BENE-  
FITS SHOULD BE FORWARDED TO ANY PERSON.

☒ IT IS NOT INDICATED THAT AN APPLICATION FOR REIMBURSEMENT  
FROM ACCRUED BENEFITS SHOULD BE FORWARDED TO ANY PERSON.

DATE

SIGNATURE OF ADJUDICATOR

DATE

SIGNATURE OF REIMBURSEMENT CLAIMS ADJUDICATOR

MAR 17 1964

N. W. Carrick

VA FORM  
MAY 1962

21-679

EXISTING STOCKS OF VA FORM VB 8-679,  
APR 1957, WILL BE USED.

VA 357769

330 (706)



MAR 13 1964

Mrs. Ollie F. McINTIRE

(b)(6)

(b)(6)

McINTIRE, Clide C.

(b)(6)

Dear Mrs. McIntire:

Since there is no record in this office of your completed VA Form 21-534, it would expedite the handling of your claim if you would complete the enclosed VA Form 534 and return same to this office.

Very truly yours,

*JEB*  
J. E. MULLEN  
Adjudication Officer

PENDING	_____
FINAL	400
	#104

JB/104/hfl/42



MAR 13 1964

Mrs. Ollie F. McIntire

(b)(6)

(b)(6)


McIntire, Clide C.

(b)(6)

Dear Mrs. McIntire:

Since there is no record in this office of your completed VA Form 21-534, it would expedite the handling of your claim if you would complete the enclosed VA Form 534 and return same to this office.

Very truly yours,

  
J. E. MULLEN  
Adjudication Officer

PENDING	
FINAL	400 #104

JB/104/hf1/42







NOTE—If the veteran died while in active service or if he had no service after April 5, 1917, do not fill in Parts IV, V or VI.

**PART IV—ANNUAL INCOME OF WIDOW AND/OR CHILD (By calendar years)**

**IMPORTANT—Read carefully Instructions, Paragraph 1, before answering questions. All items required to be filled in must be filled in and filled FULLY and COMPLETELY.**

35A. ARE YOU RECEIVING OR ENTITLED TO RECEIVE ANY BENEFITS FROM THE SOCIAL SECURITY ADMINISTRATION?		35B. BEGINNING DATE
<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 36B to 36E, inclusive)		
35C. MONTHLY AMOUNT	36D. IS YOUR SOCIAL SECURITY INCOME BASED ON YOUR OWN EMPLOYMENT?	36E. SOCIAL SECURITY ACCOUNT NO.
	<input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in item 36E)	

NOTE—If part of your income is from any other retirement plan or annuity based upon your employment or purchase, complete the following:

37A. BEGINNING DATE	37B. MONTHLY AMOUNT	37C. BY WHOM PAID (Name and address)	37D. AMOUNT YOU PAID INTO PLAN
	\$		\$

**COMMERCIAL INSURANCE PAYMENTS TO CLAIMANT**

NOTE—Include Federal Employees' Government Life Insurance, BUT do not include insurance payable by Veterans Administration.

38A. TOTAL AMOUNT RECEIVED OR EXPECTED	\$
38B. AMOUNT RECEIVED OR EXPECTED DURING THE YEAR IN WHICH VETERAN DIED	\$
38C. AMOUNT RECEIVED OR EXPECTED DURING THE FOLLOWING YEAR	\$

**OTHER INCOME RECEIVED**

NOTE—Include other income received from January 1 to date of death of veteran or, if claim is filed during a year after the veteran died, income received from January 1 to date you sign this application.

39A. WIDOW AND/OR CHILD OR CHILDREN	39B. AMOUNT OF INCOME	39C. SOURCE OF INCOME
NAME OF WIDOW	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	

**OTHER INCOME EXPECTED**

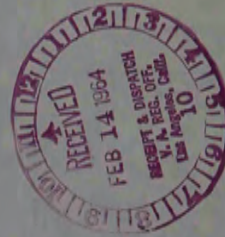
NOTE—Include other income expected from date of death of veteran to date of death of veteran or, if claim is filed during a year after the veteran died, income expected from the date you sign this application to December 31 of the same year.

40A. WIDOW AND/OR CHILD OR CHILDREN	40B. AMOUNT OF INCOME	40C. SOURCE OF INCOME
NAME OF WIDOW	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	

**OTHER INCOME EXPECTED FOR NEXT CALENDAR YEAR**

NOTE—If unable to state exact amounts, give approximate amounts expected.

41A. WIDOW AND/OR CHILD OR CHILDREN	41B. AMOUNT OF INCOME	41C. SOURCE OF INCOME
NAME OF WIDOW	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	
NAME OF CHILD	\$	





<b>VETERANS ADMINISTRATION</b> <b>APPLICATION FOR DEPENDENCY AND INDEMNITY</b> <b>COMPENSATION OR DEATH PENSION BY WIDOW OR CHILD</b> <small>(INCLUDING ACCRUED BENEFITS AND DEATH COMPENSATION, WHERE APPLICABLE)</small> <b>IMPORTANT—Read instructions before filling in form. Answer all items fully. Detach and retain ONLY the instruction sheet. If more space is required, attach additional sheets and identify each answer by item number.</b>					<b>(DO NOT WRITE IN THESE SPACES)</b> <b>VA DATE STAMP</b>		
1. LAST NAME—FIRST NAME—MIDDLE NAME OF DECEASED VETERAN (Type or print)					<div style="font-size: 1.5em; font-weight: bold;">XC- 2 360 708</div>		
2A. FIRST NAME—MIDDLE NAME—LAST NAME OF CLAIMANT (Type or print)							
2B. MAILING ADDRESS OF CLAIMANT (Number and street or rural route, city or P.O., zone number and State)			2C. RELATIONSHIP TO VETERAN (Check one) <input type="checkbox"/> WIDOW <input type="checkbox"/> CHILD				
3. IF VETERAN PREVIOUSLY APPLIED TO THE VETERANS ADMINISTRATION FOR ANY BENEFIT, INSERT CLAIM NUMBER IF KNOWN  C—		4. SOCIAL SECURITY ACCOUNT NO. OF VETERAN		5. RAILROAD RETIREMENT NO.		6. VETERANS ADMINISTRATION CLAIM NO.	
<b>PART I—IDENTIFICATION AND SERVICE INFORMATION OF VETERAN</b>							
7. DATE OF BIRTH		8. PLACE OF BIRTH		9. DATE OF DEATH		10. PLACE OF DEATH	
11A. CAUSE OF DEATH (See Instructions, paragraph F)				11B. ARE YOU CLAIMING THAT THE CAUSE OF DEATH WAS DUE TO SERVICE? <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>SERVICE INFORMATION</b> <small>NOTE—The following information should be furnished for each period of the veteran's active service in the Army, Navy, Air Force, Marine Corps, or Coast Guard of the United States or service as a commissioned officer in the Coast and Geodetic Survey or Public Health Service.</small>							
12A. ENTERED ACTIVE SERVICE		12B. SERVICE NO.		12C. SEPARATED FROM ACTIVE SERVICE		12D. GRADE, RANK OR RATING, ORGANIZATION AND BRANCH OF SERVICE	
DATE	PLACE			DATE	PLACE		
13. IF VETERAN SERVED UNDER A NAME OTHER THAN THAT SHOWN IN ITEM 1, GIVE FULL NAME AND SERVICE RENDERED UNDER THAT NAME							
<b>PART II—INFORMATION RELATING TO MARRIAGE (See Instructions, paragraph G)</b>							
<b>INFORMATION RELATING TO VETERAN</b>							
14. HOW MANY TIMES WAS VETERAN MARRIED?							
15A. MARRIAGE		15B. TO WHOM MARRIED		15C. HOW MARRIAGE ENDED (Death, divorce, etc.)		15D. MARRIAGE ENDED	
DATE	PLACE					DATE	PLACE
<b>INFORMATION RELATING TO WIDOW OR MOTHER OF THE CHILDREN FOR WHOM THIS CLAIM IS BEING MADE</b>							
16. HOW MANY TIMES HAS WIDOW BEEN MARRIED?							
17A. MARRIAGE		17B. TO WHOM MARRIED		17C. HOW MARRIAGE ENDED (Death, divorce, etc.)		17D. MARRIAGE ENDED	
DATE	PLACE					DATE	PLACE



## PART II—INFORMATION RELATING TO MARRIAGE (Continued)

NOTE—If claimant is not the veteran's widow, omit items 18 to 26, inclusive.

18. MAIDEN NAME OF VETERAN'S WIDOW (First—middle—last)		19. DATE OF BIRTH
20. PLACE OF BIRTH	21. WAS A CHILD BORN OF WIDOW'S MARRIAGE TO VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO	22. DID WIDOW LIVE CONTINUOUSLY WITH THE VETERAN FROM DATE OF MARRIAGE TO DATE OF DEATH?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "No," fill in 23)
23. CAUSE OF SEPARATION (Explain fully, giving reason, date of separation, duration, etc. If separation was by court order, attach a certified copy of such order.)		
24. HAS WIDOW REMARRIED SINCE DEATH OF VETERAN?  <input type="checkbox"/> YES <input type="checkbox"/> NO (If "Yes," fill in 25 and 26)	25. DATE REMARRIED	26. PLACE REMARRIED

## PART III—INFORMATION CONCERNING CHILDREN (See Instructions, paragraph H)

### IDENTIFICATION OF CHILDREN AND INFORMATION RELATIVE TO CUSTODY

NOTE.—List below, the name of each unmarried child of the veteran, including adopted child or stepchild, under 18 years of age (or under 21 years of age if attending school); or of any age if permanently incapable of self-support by reason of mental or physical defect. If the birth of a child of the veteran is expected, that fact should be stated.

27A. NAME OF CHILD	27B. DATE OF BIRTH	27C. PLACE OF BIRTH	27D. NAME AND ADDRESS OF PERSON HAVING CUSTODY OF EACH CHILD

NOTE.—Item 28 to be answered by widow only if any child listed above is not in her custody.

28. DO YOU ALSO DESIRE THIS APPLICATION TO BE CONSIDERED AS A CLAIM FOR THE VETERAN'S CHILDREN LISTED IN ITEM 27A, WHO ARE NOT IN YOUR CUSTODY?

☐ YES ☐ NO

### ADDITIONAL INFORMATION RELATING TO CHILDREN LISTED IN ITEM 27A

29. NAME OF LEGALLY ADOPTED CHILD (If none, write "NONE")	30. NAME OF HELPLESS CHILD (If none, write "NONE")	31. HAS SUCH CHILD EVER MARRIED?  <input type="checkbox"/> YES <input type="checkbox"/> NO
32. NAMES OF CHILDREN OF AGE 18, 19, OR 20, WHO ATTEND SCHOOL REGULARLY (If none, write "NONE")		
33. NAME OF ILLEGITIMATE CHILD (If none, write "NONE")	34. NAME OF STEPCHILD (If none, write "NONE")	

NOTE—If no children are listed in items 33 and 34, do not fill in item 35.

35. NAMES OF CHILDREN LISTED IN ITEMS 33 AND 34 WHO WERE MEMBERS OF THE VETERAN'S HOUSEHOLD AT TIME OF VETERAN'S DEATH (If none, write "NONE")



# INSTRUCTIONS FOR FILING CLAIM FOR DEPENDENCY AND INDEMNITY COMPENSATION OR DEATH PENSION BY WIDOW OR CHILD

READ VERY CAREFULLY. DETACH AND RETAIN THIS SHEET FOR YOUR FUTURE REFERENCE. ANSWER ALL QUESTIONS FULLY OR ACTION ON YOUR CLAIM MAY BE DELAYED.

## A. PAYMENT OF BENEFITS—GENERAL

(1) Dependency and Indemnity Compensation may be payable where the veteran dies:

- (a) From disease or injury incurred or aggravated in line of duty while on active duty or active duty for training;
- (b) From injury incurred or aggravated in line of duty while on inactive duty training; or
- (c) From a disability compensable under laws administered by the Veterans Administration.

(2) Pension may be payable where veteran's death is not due to service provided income is within certain limits. Rates of Pension and income limits are shown in tables below.

WIDOW—WITHOUT CHILD	
ANNUAL INCOME NOT OVER	MONTHLY PAYMENT
\$ 600	\$60
1200	45
1800	25
OVER 1800	NONE
WIDOW—WITH CHILD	
ANNUAL INCOME NOT OVER (A)	MONTHLY PAYMENT (B)
\$1000	\$75
2000	60
3000	40
OVER 3000	NONE
Add \$15 monthly for each child in excess of one: for example, widow and three children, annual income not over \$1000, monthly rate is \$105. The income of child or children is not to be included in Column A, above.	
CHILDREN—NO WIDOW	
NUMBER OF CHILDREN	MONTHLY PAYMENT
1 CHILD	\$35
EACH ADDITIONAL CHILD	15
Where there is more than one child, the amount payable will be equally divided among them. Pension shall not be paid to a child whose annual income, excluding earned income, that is, income from salary, wages and self-employment, exceeds \$1800.	

(a) Pension may be payable on behalf of a child or children even though the widow's annual income is in excess of \$3000.

(b) The income limitations given above do not apply where the veteran's death was due to service.

## B. ORGANIZATIONS AND ATTORNEYS

You may be represented, without charge, by an accredited representative of any organization recognized by the Administrator of Veterans Affairs. You may also be represented by an attorney or agent who has been admitted to practice before the Veterans Administration. The employment of such attorney or agent is unnecessary, as the Veterans Administration is pleased to give all information and assistance that may be reasonably required to establish rights of claimants.

An agent or attorney who has been admitted to practice before the Veterans Administration and has filed a power of attorney in a claim may receive for his services from the proceeds of an award a fee not exceeding \$10 in an original claim and a fee not exceeding \$2 in a claim for increase. No fee is allowable for services in a claim for accrued benefits. The solicitation or receipt of a fee, except as provided by law, constitutes a penal offense.

## C. HOW TO FILL IN THE APPLICATION FORM

ALL THE INFORMATION REQUIRED IN THIS APPLICATION MUST BE FURNISHED AND THE QUESTIONS MUST BE ANSWERED FULLY AND CLEARLY. If you do not know the answer to any question say "UNKNOWN." THESE INSTRUCTIONS AND THE APPLICATION FORM ARE CROSS-REFERENCED TO EACH OTHER. YOU WILL FIND IT EASIER TO ANSWER THE APPLICATION FORM IF YOU FIRST READ ANY INSTRUCTIONS TO WHICH IT REFERS.

## D. MINORS AND INCOMPETENTS

If the person for whom claim is being made is a minor or is incompetent, the application form should be filled in and filed by the legal guardian or, if no legal guardian has been appointed, it may be filled in and filed by some person acting on behalf of the minor or incompetent.

## E. EVIDENCE—GENERAL

If you are unable to furnish with this application form any of the required evidence listed below, state why you are unable on a separate sheet. Evidence filed previously in the Veterans Administration need not be filed in connection with this claim.

If public or church record evidence does not exist, do not establish such record for the purpose of this claim. Instead, the next lower class of evidence listed in paragraphs F, G, and H, as required, should be furnished.

## F. PROOF OF DEATH

(See application form, item 11A)

Death of a veteran in active service of the Army, Navy, Air Force, Marine Corps, or Coast Guard, or in a United States Government institution does not need to be proved by a claimant. Otherwise, the claimant should forward a copy of the public record of death, certified by the custodian of such records, or a duly certified copy of a coroner's report of death, or a verdict of a coroner's jury.

## G. INFORMATION RELATING TO MARRIAGE

(See application form, Part II)

(1) *Proof of Widowhood.* The marriage of a widow claimant to the veteran should be established by one of the following types of evidence in the order of preference indicated:

- (a) A copy of the public or church record of marriage, certified over the signature and seal of the custodian of such records.
- (b) Affidavit of the clergyman or magistrate who officiated.
- (c) Original certificate of marriage.
- (d) Affidavits of two or more eyewitnesses to the ceremony.

(2) *How Marriage Ended.* IMPORTANT—Complete information concerning all marriages entered into by either the widow or the veteran and the termination of such marriages must be furnished in Items 14 through 17D. Specific details as to date, place, and manner of dissolution of each marriage must be included.



## H. INFORMATION CONCERNING CHILDREN

(See application form, Part III)

(1) *Proof of Age and Relationship of Child.* Evidence to establish the fact of birth of a child should consist of a copy of the public record of birth or a copy of the church record of birth or baptism showing date of birth of each child and the names of the parents, certified over the signature of the custodian of such records. If neither of these records is obtainable, there should be forwarded the affidavit of the physician or midwife in attendance at birth, showing the date of birth and the names of the parents. If a child is a legally adopted child, a copy of the court order of adoption, certified to by the custodian of the court record, should also be furnished.

(2) *Helpless Child.* If any child for whom dependency and indemnity compensation or death pension is claimed is insane, idiotic, or otherwise permanently incapable of self-support by reason of mental or physical defect and has never married, it must be shown that such incapacity existed prior to the date the child attained the age of 18 or in some cases the age of 16 years. The nature and extent of the physical or mental impairment should be shown by a statement from the attending physician or other medical evidence, forwarded with the application.

## I. ANNUAL INCOME OF WIDOW OR CHILD

(By Calendar Year)

(See application form, Part IV)

**NOTE—IF THE VETERAN DIED WHILE IN ACTIVE MILITARY OR NAVAL SERVICE, OR IF HE HAD NO SERVICE AFTER APRIL 5, 1917, DO NOT FURNISH THE INFORMATION REGARDING ANNUAL INCOME, DEDUCTIBLE EXPENSES OR NET WORTH DESCRIBED BELOW.**

(1) *Minors and Incompetents.* If application is filed "As Guardian" or "As Custodian" of the widow or child, do not report your own income but only the income of the widow, or child named on the application form. WHERE THE APPLICATION IS FOR A CHILD, EARNED INCOME SHOULD NOT BE SHOWN.

(2) *Widows With Children.* When a widow files application in her own right, she must also show the separate income of each child in her custody.

(3) *Types of Income To Be Reported.* Report all income received for services, interest and profit from investment. Also report the "source" of income; for example: "Wages," "Old-Age and Survivors' Insurance," etc. Income includes payments and benefits received from all sources including:

(a) Wages, salaries, commissions, bonuses, tips, gratuities, dividends, earnings, investments, or rents from whatever source derived, or income from a business or profession.

**NOTE—In reporting wages, or salary, report GROSS income and not "take home" pay. DO NOT deduct amounts withheld under a retirement act or plan, or amounts withheld for income tax.**

If room, board, or goods are received as part of your employment, you should report this fact and give the approximate value thereof.

In computing income from a business or profession, report net income, reducing the gross income by the necessary expenses of carrying on the same, such as cost of goods sold or expenditures for rent, repairs, taxes, upkeep, and other operating expenses. **DEPRECIATION IS NOT A DEDUCTIBLE EXPENSE BUT THE AMOUNT PAID TO REPLACE WORN OUT OR OBSOLETE EQUIPMENT IS DEDUCTIBLE ONLY FOR THE YEAR IT WAS REPLACED.**

In computing income from rents, report the net income reducing the gross income by necessary expenses; such as:

Taxes, fuel, insurance, interest on mortgage (not payments on principal), normal repairs, water and other operating expenses. **DEPRECIATION IS NOT A DEDUCTIBLE EXPENSE BUT THE AMOUNT PAID TO REPLACE WORN OUT OR OBSOLETE EQUIPMENT IS DEDUCTIBLE ONLY FOR THE YEAR IT WAS REPLACED.**

(b) Family allowances received by dependents of persons in military or naval service.

(c) Subsistence allowance received from the Veterans Administration.

(d) Commercial insurance consisting of lump sum or installments of life, disability, accident, health, or similar insurance. Commercial insurance includes Federal Employees' Government Life Insurance.

(e) Compensation for unemployment, disability, or death, such as that paid by the Bureau of Employees' Compensation, Department of Labor of the United States, or a State compensation or industrial board or commission.

(f) Retirement benefits such as Civil Service retirement benefits, Federal Old-Age and Survivors' Insurance, Railroad Retirement benefits, or benefits paid under retirement plans of private employers.

(g) Proceeds of bequests and inheritances received in the settlement of estates. Property other than money which is received by inheritance or otherwise will be reported in Part VI.

(4) *Types of Payments and Benefits Not To Be Reported as Income.* It is not necessary to report compensation, pension, insurance, or other payments received from the Veterans Administration (exclusive of subsistence allowance) as such information is contained in records of that office.

## J. DEDUCTIBLE EXPENSES

(See application form, Part V)

Any expenses of last illness, burial or just debts of veteran paid by you and reimbursement received after the filing of your claim should be promptly reported to the office in which your claim is located.

## K. NET WORTH

(See application form, Part VI)

(1) *Minors and Incompetents.* If application is filed "As Guardian" or "As Custodian" of the widow or child, do not report your net worth, but only the net worth of the widow, or child named on the application form.

(2) *Widows With Children.* When a widow files application in her own right, she must also show the separate net worth of each child in her custody. This information is requested for use in the event the widow is not entitled to benefits.

(3) *Children Alone.* When application is filed on behalf of a child in its own right, the child's net worth should be reported.

Item 43B—Include market value of corporate stocks, checking accounts, bank deposits, savings and loan accounts, cash and currency.

Item 43C—Do not include the value of the single dwelling unit or that portion of real property used solely as your principal residence. On all other real estate reduce the market value by amount of the indebtedness thereon.

Item 43D—Report the total market value of your rights and interest in all other property not included in 43B and C. Do not include value of ordinary personal effects necessary for your daily living such as clothing and furniture.

Item 43E—Report all debts except mortgage(s) on real estate.

Item 43F—Report the total of items 43B through 43D less 43E. This should be your net worth.

## INSTRUCTIONS FOR COMPLETING ATTACHED FORM OA-C24, APPLICATION FOR SURVIVORS BENEFITS

(PAYABLE UNDER TITLE II OF THE SOCIAL SECURITY ACT)

Fill in each item on the attached application, Form OA-C24, for survivors benefits under Title II of the Social Security Act (except the items 20 through 23). When signed and dated

the form **SHOULD BE LEFT ATTACHED** to your application for dependency and indemnity compensation or death pension.



VETERANS ADMINISTRATION

Feb 8, 1964

Windsorworth Hosp.

Wichita, Kansas, Kan.

DEAR SIR -

I filled out ALL  
THESE PAPERS AFTER THE DEATH  
of MY HUSBAND upon his  
~~death~~ NOV 16, 1963. at Windsorworth  
Hosp.

IN ONE PARAGRAPH  
IT STATES THAT IT IS NOT  
NECESSARY TO FILL THIS SET OF  
PAPERS IF ALREADY FILLED.

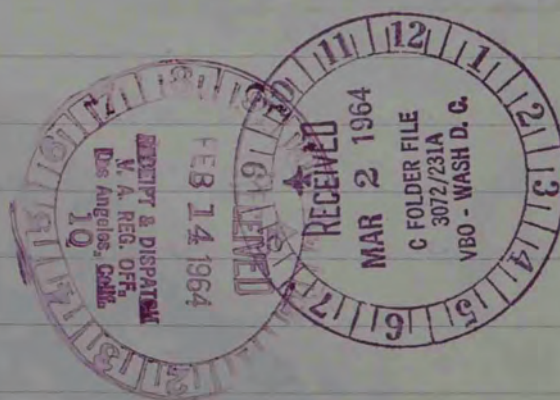
IN THE EVENT ~~IF~~ I  
NEED TO FILL THESE WOULD YOU  
PLEASE RETURN THEM. TO THIS  
DATE I HAVE RECEIVED NO  
VET WIDOW PENSION BUT DID  
RECEIVE MY S.S. CHECK.

Yours Truly  
Ollie F Mc Intire

(b)(6)



8/21/64







VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON, D.C. 20421

JAN 27 1964

IN REPLY REFER TO: 3072/211

Mrs. Ollie McIntire

(b)(6)

(b)(6)

McINTIRE, Glide C.

Dear Mrs. McIntire:

The widow, children, and parents of a deceased veteran may be entitled to benefits described on the attached application. An application completed and returned to us will be carefully considered. The filing of a claim, however, does not mean necessarily that the benefits applied for will be allowed.

You can help us materially reduce the time necessary to process your claim, if you send with your application any of the items of evidence checked below:

- ☒ 1. A certified copy of the public or church record of your marriage or an abstract of the public record.
- ☐ 2. A certified copy or abstract of the public record of the veteran's birth or his church record of baptism.
- ☐ 3. A certified copy of the public record of the veteran's death.
- ☒ 4. A certified copy or abstract of the public record of birth or church record of baptism for each of the children listed on your application.
- ☒ 5. Your certified statement showing the date, place and circumstances of the dissolution of your and your husband's prior marriages, if any.

You may write to this office or come to any Veterans Administration office for help in preparing your claim and obtaining any requested evidence. If you have filed the same application as the one enclosed, with any office of the Veterans Administration, please disregard this letter. If you have filed a short form application with the Social Security Administration for Veterans Administration benefits, no action can be taken on your claim unless you complete and return the enclosed form.

ACCRUED BENEFITS

- ☐ 1. An accrued benefit may be payable based on the veteran's award which was in effect at the date of his death. A claim for this benefit is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.
- ☐ 2. The veteran's claim for benefits was pending at the date of his death. A claim for any accrued benefit which may be payable is included in the attached VA Form 21-534 (535) and must be filed within one year from the date of death.

Very truly yours,

Encl.

- ☒ VA Form 21-534
- ☐ VA Form 21-535

J. E. MULLEN  
Adjudication Officer

FL 21-15  
NOV 1962(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.





VETERANS ADMINISTRATION  
VETERANS BENEFITS OFFICE  
MUNITIONS BUILDING  
WASHINGTON, D.C. 20421

GM&SH INDEX  
Unit # B5069  
died 11-16-6  
By: Emke Date: 2-11

JAN 27 1961

IN REPLY REFER TO: 3072/211

Mrs. Ollie McIntire

(b)(6)

McINTIRE, Ollie C.

(b)(6)

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Very truly yours,

*J. E. Mullen*  
J. E. MULLEN

Adjudication Officer

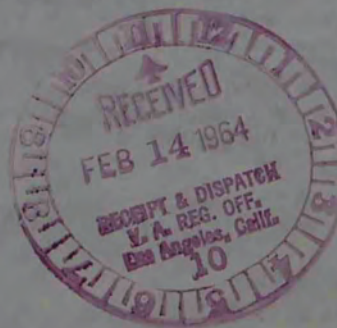
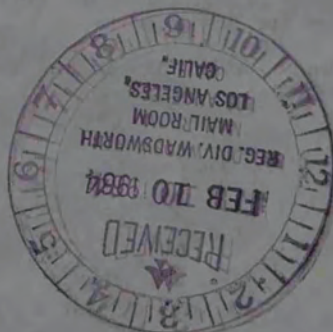
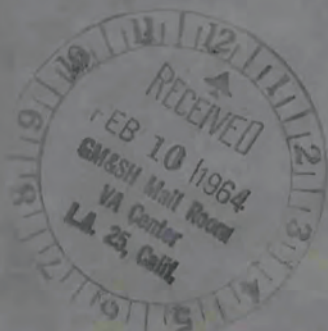
Encl.

- ☒ VA Form 21-534  
☐ VA Form 21-535

FL 21-15  
NOV 1962(R)

Show veteran's full name and VA file number on all correspondence. If VA number is unknown, show service number.







# NOTICE OF BENEFIT PAYMENT TRANSACTION

CLAIM NUMBER		PAYEE NUMBER	TYPE	CON-TROL	NAME OF PERSON ENTITLED		CHANGE	DATE	STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD			
(b)(6)		00	A	F	CC MCIN		28	64-01-13	72			.			
WITHHELD		APPORTION		NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT	CONTROLS				
TYPE	AMOUNT	TYPE	AMOUNT	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE						
DEATH STAT.	VETERANS NAME	YEARS SVC.	PAY GRADE	SPEC. LAW	DEP.	LIVE STAT.	YEAR BIRTH	SMC CODE	LOSS USE	ANAT. LOSS	OTH. LOSS	COM PET.	SPEC. LAW	DEP.	COMB. DEGR.
DEDUCTIONS AND ACCOUNTS RECEIVABLE			NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE	BALANCE						
ACCTS RECEIVABLE			1	30-B	.	64-01			18800						
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PROCEEDS SEGMENT			ACCUMULATIVE AMOUNT												
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## REMARKS

ACCOUNTS RECEIVABLE GENERATED BY PROCESSING CENTER.

COPY FOR FILE  
 I & O DIVISION  
 JAN 23 1964  
 COMPENSATION AND PENSION UNIT  
 Per \_\_\_\_\_

MSG CODE 85

VA FORM NOV. 1961 20-6560

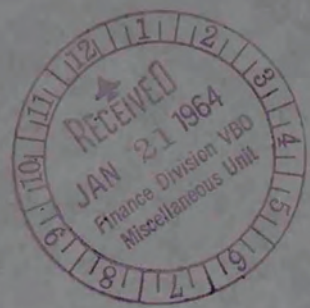
EXISTING STOCKS OF VA FORM 20-6560, JAN 1961 WILL BE USED

561



285

20 CODE 52



VCC0012 RECEIPTS RECEIVED BY BAC 2210 SERVICE

VCC12 RECEIPTS 30-01 04-01 1000

5380306 001 V 1 CC KCM 00 00-1-1-15



# NOTICE OF BENEFIT PAYMENT TRANSACTION

CLAIM NUMBER		PAYEE NUMBER	TYPE	CON-TROL	NAME OF PERSON ENTITLED		CHANGE	DATE	STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD			
(b)(6)		00	E	F	CC MCIN		21	64-01-15	72	51	480	.			
WITHHELD		APPORTION		NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT	CONTROLS				
TYPE	AMOUNT	TYPE	AMOUNT	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE						
E	.	E	.	.00	631101	.00	631101	188.00	621031	.00		BGGB			
DEATH STAT.	VETERANS NAME	YEARS SVC.	PAY GRADE	SPEC. LAW	DEP.	LIVE STAT.	YEAR BIRTH	SMC CODE	LOSS USE	ANAT. LOSS	OTH. LOSS	COM PET.	SPEC. LAW	DEP.	COMB. DEGR.
DEDUCTIONS AND ACCOUNTS RECEIVABLE				NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE	BALANCE					
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PROCEEDS SEGMENT						ACCUMULATIVE AMOUNT									
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REMARKS															
1 CHECK RETURNED AND CANCELLED CYCLE 7 JANUARY															
CHECK NUMBER DATE RSN AMOUNT APPLICATION															
38,222,005 12/63 3 \$ 188.00 APPLIED TO ACCTS REC BAL-FULL															
AMOUNT APPLIED TO ACCOUNTS RECEIVABLE \$ 188.00															
308 188.00															
MSG CODE 17 B RETURNED CHECK APPLIED TO ACCOUNTS RECEIVABLE															

VA FORM 20-6560  
NOV. 1961

EXISTING STOCKS OF VA FORM 20-6560,  
JAN 1961 WILL BE USED



# NOTICE OF BENEFIT PAYMENT TRANSACTION

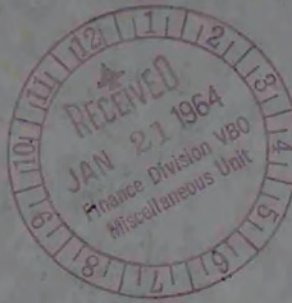
CLAIM NUMBER		PAYEE NUMBER	TYPE	CON-TROL	NAME OF PERSON ENTITLED		CHANGE	DATE	STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD			
(b)(6)		00	A	F	CC MCIN		28	64-01-13	72			.			
WITHHELD		APPORTION		NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT	CONTROLS				
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DEDUCTIONS AND ACCOUNTS RECEIVABLE		NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE	BALANCE							
ACCTS RECEIVABLE		1	30-B	.	64-01			18800							
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PROCEEDS SEGMENT				ACCUMULATIVE AMOUNT											
FUTURE DATE	NO.	TYPE	EFFECTIVE DATE	AMOUNT RATE	WITHHELD		APPORTION		NET AWARD	DEP.	REFERENCE				
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REMARKS															
STATUS OF ACCOUNTS RECEIVABLE AT TERMINATION															
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VA FORM 20-6560  
NOV. 1961

EXISTING STOCKS OF VA FORM 20-6560,  
JAN 1961 WILL BE USED



APP CODE 85



STATION DE ACCREDITATION RECEIVED AT TERMINATION

ACCREDITATION

80-8

84-01

18900

STATION DE ACCREDITATION RECEIVED AT TERMINATION



## CLINICAL RECORD

## NARRATIVE SUMMARY

DATE OF ADMISSION

11-10-63

DATE OF DISCHARGE

11-16-63

NUMBER OF DAYS HOSPITALIZED

6

(Sign and date at end of narrative)

### DEATH SUMMARY:

Reference is made to the Interim Summary of 4 November 1963.

Briefly, at that time the patient had an asymptomatic mass in the right upper lobe and underwent a malignancy work-up, which resulted in a negative cytology, bronchoscopy, and scalene node biopsy. He was considered a poor risk for surgery due to age and the presence of an abdominal aneurysm and the size of the lesion. Acid-fast studies were negative. For this admission the patient returned because of inability to be cared for at home. There was no real history of fever, hemoptysis, increased sputum, or chest pain. Electrocardiogram was unchanged. Chest x-ray showed a bilateral bronchopneumonia, and the patient was admitted for placement. Past history included a positive serology adequately treated, an appendectomy and gallbladder removal, with little other pertinent history.

**PHYSICAL EXAMINATION:** Temperature 98.6, pulse 95 and irregular, blood pressure 140/90. This was a cachectic, confused Caucasian male. Pertinent physical findings included eyes reacting equally to light and accommodation. The extraocular movements and fundi were within normal limits. There was no regional, breast, or thyroid adenopathy. Scalene biopsy site was healing well. Examination of the chest showed an increased anteroposterior diameter, with good symmetrical expansion. There were bilateral basilar rales without cyanosis or clubbing. The cardiovascular system revealed no thrills, murmurs, or cardiomegaly. There was no jugular venous distention or edema noted. The abdomen was soft and flat with a 10 by 12 abdominal aortic aneurysm felt to the left of the midline. There was no LSKMRT. Rectal examination showed poor tone with no stool or masses. CNS examination revealed a confused Caucasian male with hypoactive deep tendon reflexes symmetrically, and diminished strength throughout. No pathological reflexes were elicited.

**LABORATORY DATA:** Hematocrit 40, hemoglobin 13.5, white blood count 10.5, neutrophils 85, lymphocytes 10, platelets adequate. Urinalysis specific gravity 1.012, trace of albumin seen, no sugar, 15 to 20 red blood cells, 5 to 6 white blood cells. Sputum culture grew out a

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN

DATE

IDENTIFICATION NO.

ORGANIZATION

(b)(6)

PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)

REGISTER NO.

B5069

WARD NO.

A5

MC INTIRE, Clide C.

WADSWORTH VA HOSP LA 25 CALIF.

Pg. 1

NARRATIVE SUMMARY  
Standard Form 502

502-108

Details 1-4-64



CLINICAL RECORD		NARRATIVE SUMMARY	
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED	

DEATH SUMMARY:

(Sign and date at end of narrative)

heavy staphylococcus aureus and a moderate alpha streptococcus. SGOT and SGPT were obtained, 82 and less than 40 respectively. Fasting glucose 70 milligrams per cent. VDRL 4 plus. Creatinine 1.4. Bilirubin .5. Electrocardiogram was essentially unchanged since 15 October 1963, showing only nonspecific T and ST changes.

HOSPITAL COURSE: The patient was started on penicillin and oral fluids were encouraged. On this regimen, there was rapid improvement in the confusion and dyspnea. The patient became progressively agitated with incontinence of stool and water. Repeat chest x-ray was obtained, but report is pending. It was noted that the patient continued to deteriorate due to inadequate hydration. He was placed on librium for management purposes. On this regimen he had a fever spike, which did not respond to cooling measures. Oral suctioning was initiated, but despite this, at 10:30 on 16 November 1963, he expired.

- Diagnoses
1. Bronchopneumonia, terminal, bilateral, secondary to bronchogenic carcinoma of right upper lobe.
  2. Abdominal aortic aneurysm.
  3. Generalized arteriosclerosis.
  4. Chronic brain syndrome. 2° arteriosclerosis

*A. A. Cohen*  
*A. A. Cohen*

A. A. COHEN, M.D.  
Designate of Chief  
Medical Service

*J. Simmons*  
J. SIMMONS, M. D.  
Resident in Medicine

R: 11-21-63;T: 11-21-63(jlm)#11703

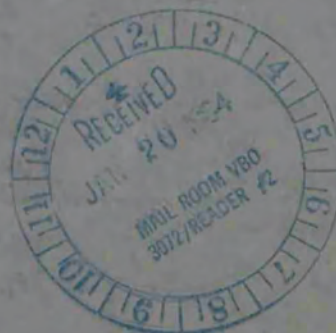
(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
		(b)(6)	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
MC INTIRE, Clide C. WADSWORTH VA HOSP LA 25 CALIF.		B5069	A5

Pg. 2

NARRATIVE SUMMARY  
Standard Form 502  
502-108







CLINICAL RECORD		NARRATIVE SUMMARY
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED
10-12-63		

(Sign and date at end of narrative)

TRANSFER SUMMARY (TO ANNEX):

Reference is made to the Interim Summary of 12 October 1963.

This is an eighty-six year old Spanish-American War veteran, who was recently discharged following a work-up for an asymptomatic mass in the right upper lobe of the lung. He underwent a negative cytology, bronchoscopy, and scalene node biopsy. It was felt that this was probably a carcinoma of the lung, but the patient was a poor risk for surgical intervention due to his age, presence of an abdominal aneurysm, and the size of the lesion. Tuberculous studies at the time were negative. He now returns because of inability to be cared for at home, without any real history of a change in his problems. Past medical history reveals that he has had a gallbladder removal and appendectomy. Past hx clues adequately Rxd.

PHYSICAL EXAMINATION: Temperature 98.6, pulse 95 and irregular, blood pressure 140/90. Cachectic Caucasian male, confused, but alert. Pertinent physical findings: The eyes reacted equally to light and accommodation. The extraocular movements and fundi were within normal limits. There was no regional, breast, or thyroid adenopathy. The scalene biopsy site was noted to be healing well. Chest examination showed increased anteroposterior diameter, with good symmetrical expansion bilaterally. Basilar rales were heard at both bases. There was no evidence of cyanosis. Examination of the heart showed no thrills, murmurs, or cardiomegaly. There was no jugular venous distention or peripheral edema. Abdominal examination revealed it to be soft and flat. There was a 10 by 12 abdominal aortic aneurysm felt to just the left of the midline. There was no LSKMRT. Genitourinary examination showed a normal male externally, with poor rectal tone. No stool or masses palpated. The skin was dry, but otherwise unremarkable. CNS examination showed a man who was confused, with hypoactive deep tendon reflexes, diminished strength throughout. There were no pathological reflexes elicited.

LABORATORY DATA: Hematocrit 40, hemoglobin 13.5, white blood count 10,500, neutrophils 85, lymphocytes 10, platelets adequate. The urinalysis showed pH 6, specific gravity 1.023, 1 plus albumin, 10 to 15 white blood cells, and many coarse granular casts. Chest x-ray

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
		(b)(6)	
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)		REGISTER NO.	WARD NO.
MC INTIRE, Clide		B5069	A5
WADSWORTH VA HOSP LA 25 CALIF.		Pg. 1	

NARRATIVE SUMMARY  
Standard Form 502  
502-108



CLINICAL RECORD		NARRATIVE SUMMARY
DATE OF ADMISSION	DATE OF DISCHARGE	NUMBER OF DAYS HOSPITALIZED

(Sign and date at end of narrative)

TRANSFER SUMMARY (TO ANNEX):

showed bilateral bronchopneumonia, as well as the mass in the right upper lobe, which appeared unchanged. *VDRL +*

HOSPITAL COURSE: The patient was placed on procaine penicillin and oral fluids were encouraged. On this regimen, he rapidly became afebrile, although there was little change of this date of the chest findings. It is felt that the patient will require long term chronic care for this probable bronchogenic carcinoma, and it is recommended that he be placed in the Annex.

Medications: Procaine penicillin 300,000 units twice a day *to be completed on ASW.*

- Diagnoses
1. Bronchogenic carcinoma, probable not proven, right upper lobe.
  2. Bronchopneumonia secondary to Dg. #1.
  3. Abdominal aneurysm, aortic.
  4. Chronic brain syndrome. *2° arteriosclerosis*

*Effendi used for*  
*A.A. Cohen*

A. A. COHEN, M. D.  
Designate of Chief  
Medical Service

*J. Simmons MD*  
J. SIMMONS, M. D.  
Resident in Medicine

R: 11-13-63; T: 11-13-63(jlm)#11550

(Use additional sheets of this form (Standard Form 502) if more space is required)

SIGNATURE OF PHYSICIAN	DATE	IDENTIFICATION NO.	ORGANIZATION
		(b)(6)	

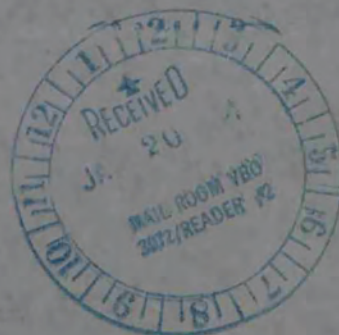
PATIENT'S IDENTIFICATION (For typed or written entries give: Name—last, first, middle; grade; date; hospital or medical facility)	REGISTER NO.	WARD NO.
	B5069	A5

MC INTIRE, Clide  
WADSWORTH VA HOSP LA 25 CALIF.

Pg. 2

NARRATIVE SUMMARY  
Standard Form 502  
502-108







1. LAST NAME <i>McIntire, Clyde C.</i>		FIRST NAME <i>(b)(6)</i>		MIDDLE NAME OF VETERAN (Type or print)	
3. ADDRESS (No. and street or rural route, city P. O., zone No., State)		4. (VA installation and correspondence code symbol of preparing element)			
		VETERANS ADMINISTRATION CENTER WILSHIRE & SAWTELLE BLVD. LOS ANGELES 25, CALIFORNIA			
5. <i>VBA, Washington, DC</i>		2D. OTHER (Specify)			
6. REASON FOR TRANSFER		7. TYPE OF CURRENT TRANSFER			
<input type="checkbox"/> NO RECORD <input type="checkbox"/> JURISDICTION YOUR OFFICE		<input type="checkbox"/> PATIENT IN YOUR HOSPITAL <input type="checkbox"/> OTHER (Specify) <i>Pls file in case file</i> <input type="checkbox"/> RECORDS TRANSFERRED TO YOUR OFFICE. DATE OF:			
8. FORM		10. MISCELLANEOUS			
(A) 2-P-22 (B) 3-664 (C) 7-1950 (D) 8-526 (E) 8-530 (F) 8-534 (G) 8-535		(A) BIRTH CERTIFICATE (B) DEATH CERTIFICATE (C) DISCHARGE CERTIFICATE (D) DIVORCE DECREE (E) FUNERAL STATEMENT (F) MARRIAGE CERTIFICATE (G) X-RAY FILMS (H) SERVICE DEPT. MED. RECORDS (I) SERVICE DEPT. DENTAL RECORDS (J) SERVICE DEPT. CN'L RECORDS (K) (L) (M) (N)			
11. REMARKS		12. REGISTERED MAIL NO. (When applicable.)			
		13. DATE OF TRANSFER			

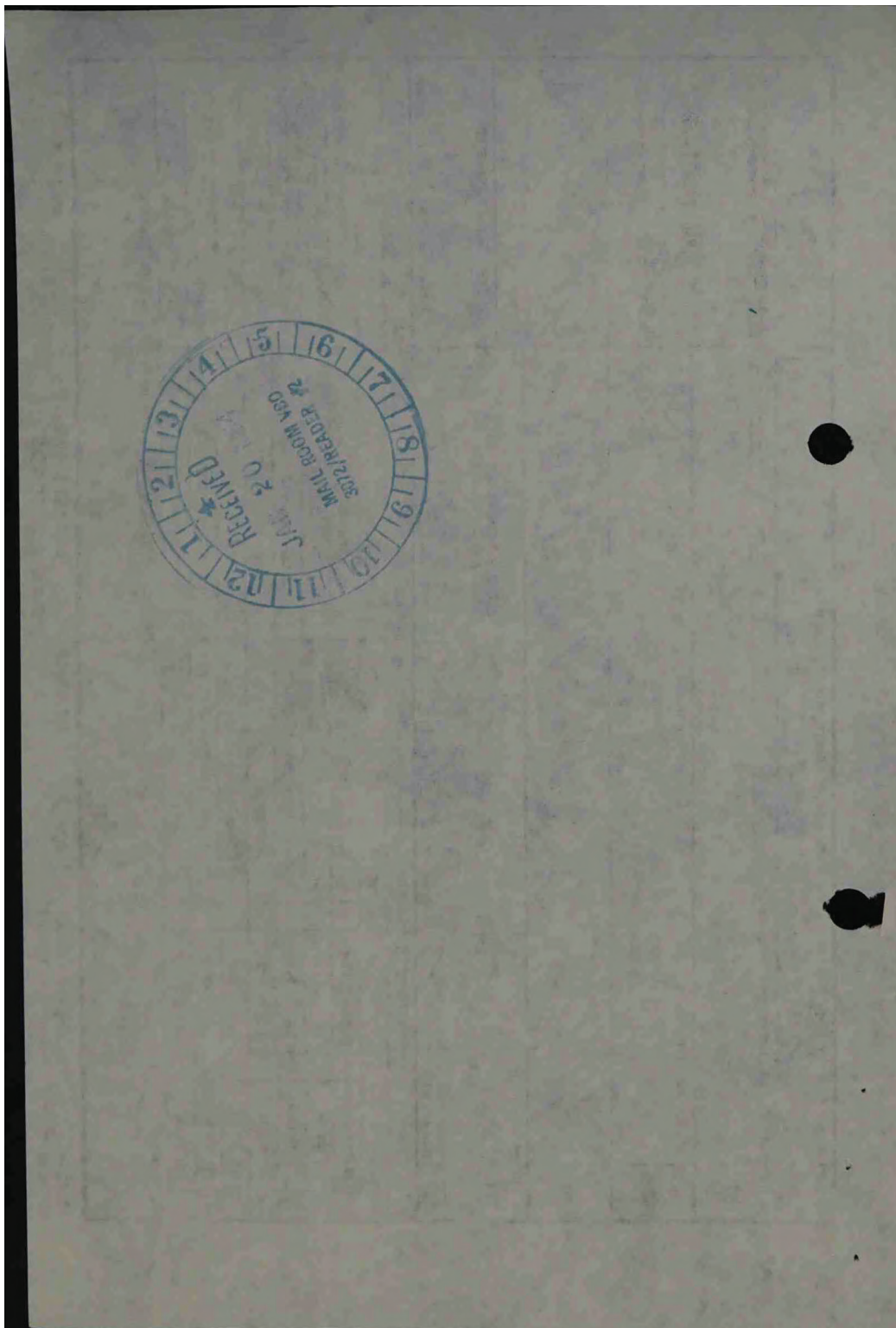
GPO: 1950-O-541118

**TRANSFER OF MISCELLANEOUS  
VETERAN'S RECORDS**

VA FORM 3029  
Existing stock of VA Form 3-3029,  
Aug. 1946, will be used.

SEP 1950

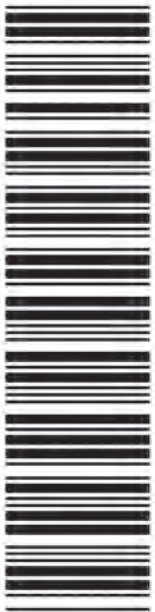








\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



# 2 NOTICE OF DEATH WORKSHEET

IDENTIFYING INFORMATION				DEATH INFORMATION			
COLS.		COLS.		COLS.		COLS.	
1. CLAIM NO. (XC-)	1-8	(b)(6)		7. TYPE OF ACTION	1-NEW NOD 2-CHANGE	22	
2. PAYEE NUMBER	9-10	0	0	8. DATE OF DEATH	23-28	11/16/63	
3. CARD CODE	11	8		9. AGE AT DEATH	29-30	85	
4. STATION NUMBER	12-13	72		10. DEATH IN SERVICE	1-NO 2-YES	31	
5. NAME OF VETERAN	14-20	CCMCIN		11. ACTIVE DUTY DATES			
6. CLAIM STATUS	C-R.A. K-TERM. L-DISAL. R-OTHER	21		VERIFIED TO DPC JAN 8 1964 PPT			
12. REMARKS				VERIFIED TO FILED UNIT DATE 4/6/64 BY CAP			
13. DATE PREPARED		14. SIGNATURE		15. SIGNATURE			
JAN 2 1964		3072/231E1 RM 3644 MUN.		80.			

U.S. GOVERNMENT PRINTING OFFICE: 1962 OF-635135

VA FORM 20-6565 EXISTING STOCK OF VA FORM 20-6565, AUG 1960, WILL BE USED.



ROUTE TO APPROPRIATE  
ADJUDICATION SECTION

# NOTICE OF BENEFIT PAYMENT TRANSACTION

CLAIM NUMBER		PAYEE NUMBER	TYPE	CON- TROL	NAME OF PERSON ENTITLED		CHANGE	DATE	STA. NO.	ENT. CODE	MAIL CODE	GROSS AWARD			
(b)(6)		00	A	G	CC MCIN		21	64-01-05	72	51	480	188.00			
WITHHELD		APPORTION		NET AWARD		NET PAY		PREVIOUS NET AWARD		PAY AMOUNT	CONTROLS				
TYPE	AMOUNT	TYPE	AMOUNT	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE	AMOUNT	EFF. DATE						
£	.	£	.	188.00	621031	188.00	631201	216.80	621001	188.00	FGGD				
DEATH STAT.	VETERANS NAME	YEARS SVC.	PAY GRADE	SPEC. LAW	DEP.	LIVE STAT.	YEAR BIRTH	SMC CODE	LOSS USE	ANAT. LOSS	OTH. LOSS	COM PET.	SPEC. LAW	DEP.	COMB. DEGR.
							78	00	00	00	-	1	00	10	80
DEDUCTIONS AND ACCOUNTS RECEIVABLE				NO.	TYPE	AMOUNT	DATE	HOSPITAL NUMBER	REFERENCE	BALANCE					
				1		.									
				2		.									
				3		.									
				4		.									
				5		.									
				6		.									
				7		.									
				8		.									
				9		.									
				10		.									
PROCEEDS SEGMENT								ACCUMULATIVE AMOUNT							
FUTURE DATE	NO.	TYPE	EFFECTIVE DATE	AMOUNT RATE	WITHHELD		APPORTION		NET AWARD	DEP.	REFERENCE				
					TYPE	AMOUNT	TYPE	AMOUNT							
	1			.		.		.	.						
	2			.		.		.	.						
	3			.		.		.	.						

## REMARKS

1 CHECK RETURNED AND CANCELLED CYCLE 2 JANUARY  
 CHECK NUMBER DATE RSN AMOUNT APPLICATION  
 12,472,411 11/63 3 \$ 188.00 SUSPENDED-DLP BACKED UP 1 MONTH

MSG CODE 17 D PMT SUSP 12- 1-63 RETURNED CHECK -NONENTITLEMENT SUSP

VA FORM 20-6560  
 NOV. 1961

EXISTING STOCKS OF VA FORM 20-6560,  
 JAN 1961 WILL BE USED



# NOTICE OF DEATH

TO	Manager, Administrative Services (033B20) Veterans Administration Munitions Building Washington 25, D. C.		ALL ENTRIES IN THIS COLUMN WILL BE COMPLETED BY CENTRAL OFFICE.	
FROM	STATION NAME AND LOCATION V. B. O.	STATION NO. E. L. O. 3072		
NOTE - This column to be completed by field station.				
1. LAST NAME - FIRST NAME - MIDDLE NAME OR INITIAL OF VETERAN McIntire Glide E.				
(b)(6)				
3. SERVICE (Furnish items 4, 5, and 6 only as shown here, not available.)				
4. BRANCH OF SERVICE <input checked="" type="checkbox"/> ARMY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> COAST GUARD <input type="checkbox"/> NAVY <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> OTHER (Specify)				
5. SERVICE DATES (Month, day, year)				
DATE OF ENTRANCE 9-6-99		DATE OF SEPARATION 6-30-01		
6. GRADE AND ORGANIZATION Capt. Co. A 44th U.S. Vol. Inf.				
7. DATE OF BIRTH (Month, day, year) 8-21-78				
8. DATE OF DEATH (Month, day, year) 11-16-63				
9. PLACE OF DEATH V.A.H. Los Angeles, Calif.				
10. OFFICE IN POSSESSION OF C-FOLDER ASSUMING JURISDICTION (VARO's only)			10A. LOCATION OF C-FOLDER IF OTHER THAN OFFICE IN ITEM 10	
			10B. OFFICE ASSIGNED JURISDICTION IF OTHER THAN ITEM 10	
11. FIRST NAME - MIDDLE INITIAL - LAST NAME AND PERMANENT ADDRESS OF PERSON TO BE ISSUED PRESIDENTIAL MEMORIAL CERTIFICATE (Include number and street, rural route, city or P.O., zone number and State) Allie McIntire (wife)			13. INSURANCE NO(S).	
(b)(6)			14. OFFICE IN POSSESSION OF INSURANCE RECORDS <input type="checkbox"/> DENVER <input type="checkbox"/> ST. PAUL <input type="checkbox"/> PHILADELPHIA	
			NOTE - To be completed by Insurance Center.	
12. SIGNATURE OF CHIEF, ADMINISTRATIVE ACTIVITY OR REGISTRAR J. L. McMullen			15. CHECK IF APPLICABLE <input type="checkbox"/> INSURANCE INACTIVE AT DATE OF DEATH	
12A. DATE 1-2-64		16. SIGNATURE		
17. REMARKS				



VETERANS ADMINISTRATION  
REFERENCE SLIP

ROUTE TO		INITIALS-DATE
1.	FILES <i>237A 2R 3608</i>	
2.	ADP INPUT <i>243A RM 3742</i>	
3.	FILES	
4.	ADJUDICATION <i>211</i>	
5.		

REASON FOR REFERENCE

- ☐ APPROVAL
- ☐ AS REQUESTED
- ☐ CALL ME
- ☐ COMMENTS

- ☐ CONCURRENCE
- ☐ FOR YOUR FILES
- ☐ INFORMATION
- ☐ NECESSARY ACTION

- ☐ NOTE AND RETURN
- ☐ PER CONVERSATION
- ☐ RECOMMENDATION
- ☐ SIGNATURE

- ☐ PREPARE REPLY  
FOR SIGNATURE OF

REMARKS

FIRST

NOTICE

OF DEATH

FROM

3072/231E1

VA FORM  
OCT 1958 **3230-1**

DATE

*2* 1964

TEL EXT.



931F1 12/10

31A ✓

1. LAST NAME—FIRST NAME—MIDDLE NAME OF VETERAN (Type or print) <b>McIntire, Clide Clifton</b>		2. POLICY NO. <b>(b)(6)</b>	
3. ADDRESS (No. and street or rural route, city, zone and State) <b>6009/136A26</b>		4. SERVICE NO. <b>N—</b>	
5. VA INSTALLATION AND CORRESPONDENCE CODE SYMBOL OF PREPARING ELEMENT <b>VETERANS ADMINISTRATION CENTER WILSHIRE AND SAWTELLE BOULEVARD LOS ANGELES 25, CALIFORNIA</b>		6. SERVICE NO. <b>V—</b>	
FROM	7. Manager (24) Vets. Benefits Office Munitions Bldg. Washington 25, D.C.		
9. REASON FOR TRANSFER <input type="checkbox"/> NO RECORD <input type="checkbox"/> JURISDICTION YOUR OFFICE <input type="checkbox"/> PATIENT IN YOUR HOSPITAL <input type="checkbox"/> OTHER (Specify) <input type="checkbox"/> RECORDS TRANSFERRED TO YOUR OFFICE, DATE OF: <b>DEATH CASE</b>			
10. TYPE OF TRANSFER <input checked="" type="checkbox"/> PERMANENT <input type="checkbox"/> TEMPORARY			
8. OTHER FILE NOS. (Specify)			
ITEMS TRANSFERRED (Use identifying letters in adjacent block—DO NOT DENOTE BY "X" MARK)			
11. FORMS		12. FOLDERS	
A. 2-22	H. 10-P-10	A. GUARDIANSHIP	
B. 22-1990	I. 10-2731	B. HOSPITAL CORRESPONDENCE	
C. 21-526	J. 10-2827	C. HOSPITAL CLINICAL	
D. 21-530	K. 2008	D. INSURANCE	
E. 21-534	L. 3101	E. TRAINING SUB-FOLDER	
F. 21-535	M.	F. OUTPATIENT TREATMENT	
G. 21-2507	N.	G. ORPHAN'S EDUCATION	
13. MISCELLANEOUS		A. BIRTH CERTIFICATE	
		B. DEATH CERTIFICATE	
		C. DISCHARGE CERTIFICATE	
		D. DIVORCE DECREE	
		E. FUNERAL STATEMENT	
		F. MARRIAGE CERTIFICATE	
		G. X-RAY FILMS	
14. REMARKS		H. SERV. DEPT. MED. REC.	
		I. SERV. DEPT. DENTAL REC.	
		J. SERV. DEPT. CN'L REC.	
		K. Form Std 1055	
		L. & misc. papers	
		M.	
		N.	
15. DATE		12/10/63	

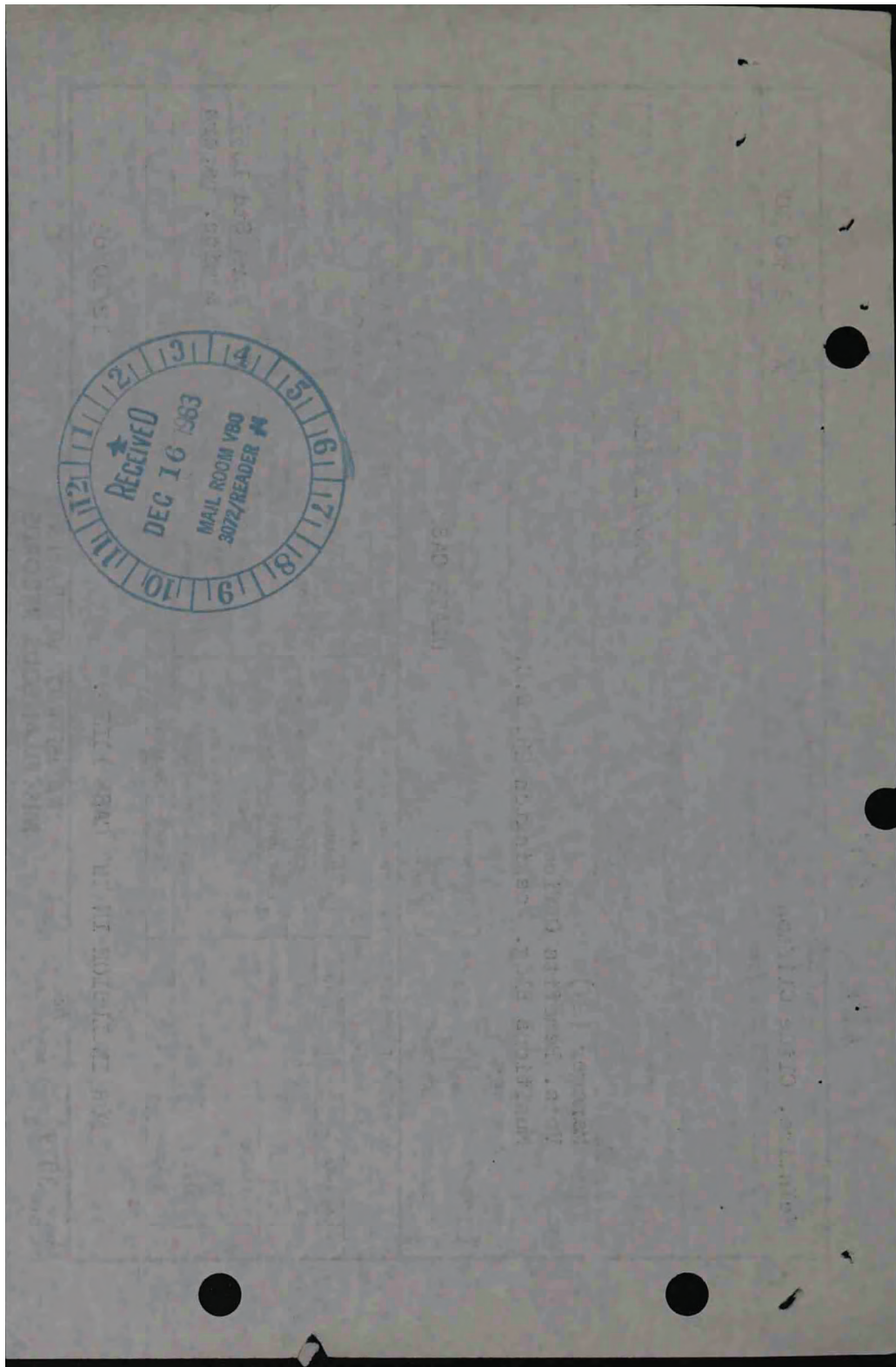
VA Form 3029  
DEC 1960

EXISTING STOCKS OF  
VA FORM 3029, SEP 1950,  
WILL BE USED.

TRANSFER OF VETERAN'S  
MISCELLANEOUS RECORDS

\* U.S. GOVERNMENT PRINTING OFFICE : 1961 OF-577610







BENEFICIARY'S NAME, WARD-DOM. NO., UNIT NO.; NAME OF STATION

CLAIM NO.

REASON FOR INVENTORY

☒ DEATH☐ AWOL☐ DISCHARGED☐ DISPOSAL OF PERSONALLY OWNED EFFECTS  
WHICH HAVE BECOME UNSERVICEABLE

DATE OF INVENTORY

## INVENTORY

QUANTITY	ITEM	QUANTITY	ITEM
1	Bathrobe		Undershirt
	Belt		Unionsuit
	Billfold		Packet in
	Cap		NO
	Cards, letters, papers, bundle		VALUABLES
1	Clipper nail		
1	Coat dress		
	Coat over		
1	Coat pajama		Bankbook
	Coat rain		
	Container cigarette		Checking Acct, Book
	Drawers		Discharge, Cert
	Eyeglasses		Social, Sec, Card #
	Eyeglasses colored		
	Footlocker		Pocket Watch Metal
	Gloves pr		Wrist Watch Metal
	Handbag		Naturalization Cert. #
	Handkerchief		Chain Metal
	Hat		Clasp collar Metal
	Jacket		Clasp tie Metal
	Knife pocket		Emblem lapel
	Lighter cigarette		Envelopes stamped
	Misc toilet articles		Fountain pen
	Necktie		Keys
	Padlock		Medalion
	Pen ballpoint		Postage U.S.
	Pencil mechanical		Postal cards
	Purse coin		
	Radio		Ring
	Razor safety		Rosary
	Razor electric		Document dated
	Scarf		
	Scissors		
	Shirts		
	Shoes pr		
	Slippers pr		
1	Socks pr		
	Suitcase		
1	Sweater		
1	Suspenders		
1	Trousers dress		
1	Trousers pajama		
	Trousers wash		
	Trunk		

VA FORM  
JUN 1960

10-2687

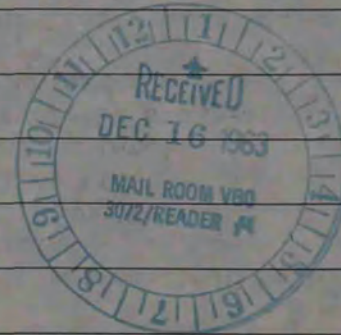
EXISTING STOCK OF VA FORM  
10-2687, APR. 1959, WILL BE USED.

O/P #3

JN:2456-61

INVENTORY OF FUNDS  
AND EFFECTS



[illegible]

DATE \_\_\_\_\_

TOTAL AMOUNT

3

GRAND  
TOTAL

\$

## DATE \_\_\_\_\_

REMARKS

DATE \_\_\_\_\_

☐ DISAPPROVED





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



11-20-63

# CERTIFICATE OF DEATH

STATE OF CALIFORNIA—DEPARTMENT OF PUBLIC HEALTH

LOCAL REGISTRATION DISTRICT AND

1a. NAME OF DECEASED—FIRST NAME <b>Cliff</b>		1b. LAST NAME <b>McIntire</b>		1c. LAST NAME <b>McINTIRE</b>		2a. DATE OF DEATH—MONTH DAY, YEAR <b>November 16, 1963</b>		2b. HOUR <b>10:50 P M</b>	
3. SEX <b>Male</b>		4. COLOR OR RACE <b>White</b>		5. BIRTHPLACE (STATE OR FOREIGN COUNTRY) <b>Kansas</b>		7. AGE (LAST BIRTHDAY) <b>85</b>		10. COUNTRY OF WHAT COUNTRY <b>United States</b>	
8. NAME AND BIRTHPLACE OF FATHER <b>Thomas McIntire</b>		9. MAIDEN NAME AND BIRTHPLACE OF MOTHER <b>Catherine Reiner Virginia</b>		13. NUMBER OF YEARS IN THIS OCCUPATION <b>40 yrs.</b>		14. NAME OF LAST EMPLOYING COMPANY OR FIRM (IF SELF-EMPLOYED) <b>Unknown</b>		15. KIND OF INDUSTRY OR BUSINESS <b>Steel manufacturing</b>	
12. LAST OCCUPATION <b>Boilermaker</b>		16. IF DECEASED WAS EVER IN U. S. ARMED FORCES, GIVE WAR OR DATES OF SERVICE <b>Spanish-American</b>		17. SPECIFY MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <b>Married</b>		18a. NAME OF PRESENT SPOUSE <b>OLLIE McIntire</b>		18b. PRESENT OR LAST OCCUPATION OF SPOUSE <b>Housewife</b>	
19a. PLACE OF DEATH—NAME OF HOSPITAL <b>Veterans Administration Hospital</b>		19b. STREET ADDRESS—(GIVE STREET OR RURAL ADDRESS OR LOCATION, DO NOT USE P. O. BOX NUMBERS) <b>Wilshire &amp; Sawtelle Bldgs.</b>		19c. CITY OR TOWN <b>Los Angeles</b>		19d. COUNTY <b>Los Angeles</b>		19e. LENGTH OF STAY IN COUNTY OF DEATH <b>22</b>	
20a. LAST USUAL RESIDENCE—STREET ADDRESS (GIVE STREET) <b>West Los Angeles</b>		20b. IF INSIDE CITY <b>Los Angeles</b>		20c. IF OUTSIDE CITY CORPORATE LIMITS <b>Los Angeles</b>		21a. NAME OF INFORMANT (IF OTHER THAN SPOUSE) <b>22</b>		21b. ADDRESS OF INFORMANT (IF DIFFERENT FROM LAST USUAL RESIDENCE OF DECEASED) <b>22</b>	
22a. PHYSICIAN: I HEREBY CERTIFY THAT DEATH OCCURRED AT THE HOUR, DATE AND PLACE STATED ABOVE FROM THE CAUSES STATED BELOW AND THAT THE DECEASED ALIVE ON 11/16/63 <b>Chief, Laboratory Service</b>		22b. CORONER: ABOVE FROM THE CAUSES STATED BELOW AND THAT I HAVE HELD ON THE REMAINS OF DECEASED AS REQUIRED BY LAW. <b>V A Center, Los Angeles, Cal.</b>		22c. PHYSICIAN OR CORONER—SIGNATURE <b>Chief, Laboratory Service</b>		22d. ADDRESS <b>V A Center, Los Angeles, Cal.</b>		22e. DATE SIGNED <b>11/18/63</b>	
23. SPECIFY BURIAL, ENTOMBMENT OR CREMATION <b>Burial</b>		24. DATE <b>11/20/63</b>		25. NAME OF CEMETERY OR CREMATORY <b>Veterans Admin. Cemetery</b>		26. EMBALMER—SIGNATURE (IF BODY EMBALMED) <b>Albert Fietze</b>		26. LICENSE NUMBER <b>4450</b>	
27. NAME OF FUNERAL DIRECTOR (FOR PERSON ACTING AS SUCH) <b>S. S. Douglass, V A Center</b>		28. DATE ACCEPTED FOR REGISTRATION BY LOCAL REGISTRAR <b>11/18/63</b>		29. LOCAL REGISTRAR—SIGNATURE <b>Carol Groen</b>		30. CAUSE OF DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (A) <b>Bronchopneumonia, terminal bilateral</b> DUE TO (B) <b>Bronchogenic carcinoma right upper lobe</b> DUE TO (C) <b>Generalized arteriosclerosis</b>		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH <b>Days</b> <b>Months</b>	
31. OPERATION—CHECK ONE OPERATION PERFORMED <input checked="" type="checkbox"/> FINDINGS NOT USED IN DETERMINING ABOVE CAUSES OF DEATH OPERATION NOT PERFORMED <input type="checkbox"/> FINDINGS USED IN DETERMINING ABOVE CAUSES OF DEATH		32. DATE OF OPERATION <b>11/18/63</b>		33. AUTOPSY—CHECK ONE NO AUTOPSY PERFORMED <input type="checkbox"/> AUTOPSY PERFORMED <input checked="" type="checkbox"/> GROSS FINDINGS USED IN DETERMINING ABOVE CAUSES OF DEATH		34. SPECIFY ACCIDENT, SUICIDE OR HOMICIDE <b>Generalized arteriosclerosis</b>		35. INJURY INFORMATION 35a. TIME OF INJURY 35b. INJURY OCCURRED WHILE <input type="checkbox"/> AT WORK <input type="checkbox"/> NOT WHILE AT WORK	
35c. PLACE OF INJURY <b>Factory, Street, Office Building</b>		35d. CITY, TOWN, OR LOCATION <b>Los Angeles</b>		35e. STATE <b>California</b>		35f. COUNTY <b>Los Angeles</b>		35g. ZIP CODE <b>90007</b>	

**LEGAL REQUIREMENTS FOR  
FILING CERTIFICATE OF DEATH**

Each death shall be registered with the local registrar of birth and death registration in the district in which the death was officially pronounced or the body was found, within five days after death and prior to any disposition of the human remains.

The medical and health section data and the time of death shall be completed and attested to by the physician last in attendance provided such physician is legally authorized to certify and attest to these facts, or by the coroner in those cases in which he is required to complete the medical and health section data and certify and attest to these facts.

The medical and health section data and the physician's or coroner's certification shall be completed by the attending physician within 15 hours after the death, or by the coroner within three days after examination of the body.



7. lag

# DEATH NOTIFICATION - FUNERAL ARRANGEMENTS

## NOTICE OF DEATH

LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED

MC INTIRE, Clide Clifton

CLAIM NO.

(b)(6)

B5069

ADDRESS OF DECEASED

(b)(6)

SOCIAL SECURITY NO.

Unk

LOCATION OF CLAIMS FILE

Wash., D.C. Adm 11-10-63 CB00

PLACE OF DEATH

Main Hospital

HOUR OF DEATH

10:50 PM

DATE OF DEATH

November 16, 1963

WARD

A5

DATE OF ADMISSION

Oct 12 1963

CAUSE OF DEATH

AUTOPSY AUTHORIZED

☒ YES ☐ NO By wife in office  
No Rep Reg

DECEASED WAS RECEIVING

☐ COMPEN- ☐ PENSION \$

SATION \$

☐ RETIREMENT PAY \$ ☐ NONE

## ACTIVE MILITARY OR NAVAL HISTORY

BRANCH OF SERVICE

☒ ARMY

☐ NAVY

☐ AIR FORCE

☐ MARINE CORPS

☐ COAST GUARD

NAME OF WAR

☐ WWI

☐ WWII

☒ SPANISH AMERICAN

☐ OTHER (Specify)

SERIAL NO.

none

ENLISTED

DATE  
9-6-99

PLACE

DISCHARGED

DATE

6-30-11

PLACE

GRADE AND ORGANIZATION

Cpl

SAW - army

TYPE OF DISCHARGE

## PERSONAL DATA OF DECEASED

RELIGIOUS PREFERENCE

PROTESTANT

☒ PROT-ESTANT

☐ CATHOLIC

☐ JEWISH

DATE OF BIRTH

August 21, 1878

PLACE OF BIRTH

Sedgwick, Kansas per F10

Oklahoma verified with dau. as Kansas - c. c.

FATHER'S NAME

Thomas McIntire

OK

FATHER'S BIRTHPLACE

Ohio

MOTHER'S MAIDEN NAME

Catherine Reiner

MOTHER'S BIRTHPLACE

Virginia

OCCUPATION OF DECEASED

Boilermaker 40 yrs

INDUSTRY

Steel Industry

NO. YRS. RESIDENCE IN STATE

22 yr in county and state

NO. YRS RESIDENCE IN U.S.

NAME AND ADDRESS OF NEXT OF KIN

Mrs. Ollie Mc Intire

(b)(6)

(b)(6)

RELATIONSHIP

Wife

IF SPOUSE, GIVE AGE

Occ; Housewife

10-P-10 DESIGNATE

F10 date 10-9-63 signed Des. Wife

10-P-10 ALTERNATE

REMARKS

Mrs. Mc Intire notified and she will report to hospital tomorrow regarding funeral arrangements. Cannot locate correspondence folder. Not in active or inactive records nor can I find it is the admission area.

Mrs. McIntire does not know much information on her husband. In fact all she knew was that he was born in Oklahoma when it was a territory. Other relations furnished available data. This wife might even be the second wife, not sure of anything.

Daughter stated she would try to locate information on the grandparents for us, staying at same add and phone number.



FUNERAL ARRANGEMENTS		DATE <b>November 17 1963</b>
LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED VETERAN <b>MC INTIRE, Clide Clifton</b>		CLAIM NO. C-
CHECK, IF GOVERNMENT FUNERAL IS DESIRED <input checked="" type="checkbox"/> GOVERNMENT FUNERAL I wish to accept the funeral services provided by the Government and authorize the following arrangements to be made:		
RELIGIOUS PREFERENCE <input checked="" type="checkbox"/> PROTESTANT <input type="checkbox"/> CATHOLIC <input type="checkbox"/> JEWISH RELIGIOUS SERVICE TO BE CONDUCTED BY <input checked="" type="checkbox"/> VA CHAPLAIN <input type="checkbox"/> FAMILY CLERGYMAN <input type="checkbox"/> OTHER	PLACE OF SERVICE (If local interment) <b>VA Chapel</b> ✓	TIME OF SERVICE <b>3:00 pm Wednesday</b> DATE OF SERVICE <b>November 20 1963</b> TIME OF INTERMENT OR CREMATION  DATE OF INTERMENT OR CREMATION
NAME AND ADDRESS OF CEMETERY OR CREMATORY <b>VACemetery, VA Center, LA, Calif</b> ✓		
CHECK SHIPMENT FOR OUT OF TOWN <input type="checkbox"/> EXPRESS <input type="checkbox"/> BAGGAGE <input type="checkbox"/> HEARSE <input type="checkbox"/> AIRFREIGHT	IS ESCORT DESIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO (If "yes", give name, address and relationship.)	DATE OF SHIPMENT  TIME OF SHIPMENT
CITY AND STATE TO WHICH REMAINS (CREMATED) ARE TO BE SHIPPED		NAME AND ADDRESS OF CONSIGNEE
CLOTHING <input checked="" type="checkbox"/> PERSONALLY OWNED <input type="checkbox"/> FURNISHED BY GOVERNMENT	IF CLOTHING IS FURNISHED BY GOVERNMENT, SPECIFY TYPE (Gray suit, etc.) <b>WBI 11-17-63</b>	
ITEMS OF PERSONALLY OWNED CLOTHING FURNISHED (List)		TYPE OF CASKET <b>VACasket</b>
SPECIAL ARRANGEMENTS		
MUSIC BY <input checked="" type="checkbox"/> VA <input type="checkbox"/> FAMILY <input type="checkbox"/> NONE	SELECTIONS DESIRED	FLOWERS
PALLBEARERS <input checked="" type="checkbox"/> VA <input type="checkbox"/> FAMILY <input type="checkbox"/> HONORARY	NAME OF ORGANIZATION(S) PARTICIPATING	
CASKET IN SLUMBER ROOM <input checked="" type="checkbox"/> OPEN <input type="checkbox"/> CLOSED	CASKET IN CHAPEL <input type="checkbox"/> OPEN <input checked="" type="checkbox"/> CLOSED	ACCOMTERMENT (Jewelry, etc.) <input type="checkbox"/> REMOVED <input type="checkbox"/> INTERRED
RELATIVE(S) ATTENDING FUNERAL <b>Wife and 10 others</b>		
NAME OF RECIPIENT OF INTERMENT FLAG <b>Ollie McIntire, Wife, 335 Vernon Ave, Venice, Calif</b>		
CHECK, IF PRIVATE FUNERAL IS DESIRED <input type="checkbox"/> PRIVATE FUNERAL I do not wish to accept Government funeral services and I desire that the remains of the deceased named above be released to the following funeral home:		
NAME OF FUNERAL HOME	ADDRESS OF FUNERAL HOME (Street, city, state)	
PLACE OF INTERMENT OR CREMATION (Name and address of cemetery or crematory)		
I have had explained to me that it is my privilege to accept funeral services provided by the Government for the deceased named above, or that I may engage my own funeral director for private funeral and that a Government burial allowance is authorized not to exceed one hundred and fifty dollars (\$150.00) plus certain costs of transportation. Further, that I have read and understand the foregoing statements; and arrangements made for the disposition of the remains of the deceased are consistent with my wishes.		
SIGNATURE AND TITLE OF EMPLOYEE <i>John D'Arcangelis</i> <b>JOHN D'ARCANGELIS, Reg Asst</b>	SIGNATURE OF RELATIVE (Or acting authority) AND RELATIONSHIP <i>Ollie McIntire</i> <b>OLLIE MC INTIRE, Wife</b>	
NAME OF STATION <b>VACenter, Wadsworth Hosp, LA, Calif</b>	ADDRESS OF RELATIVE (Or acting authority) <b>Same as above</b>	TELEPHONE NO. <b>EX9 3655</b>



ADDITIONAL INFORMATION OR REMARKS

LAST NAME - FIRST NAME - MIDDLE NAME OF DECEASED VETERAN

#### AUTHORITY TO CREMATE

The undersigned hereby authorizes the Veterans Administration or its contract funeral director to have cremated the remains of the above named deceased veteran and certifies and represents that he or she has the right to make such authorization, and agrees to hold the Veterans Administration or its contract funeral director harmless from any liability on account of said authorization and cremation.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF RELATIVE OR LEGAL REPRESENTATIVE)

\_\_\_\_\_  
(RELATIONSHIP TO DECEASED OR AUTHORITY TO SIGN)

\_\_\_\_\_  
(ADDRESS)

#### AUTHORITY TO SHIP BY AIR

The undersigned hereby authorizes the Veterans Administration to ship the remains of the above named deceased veteran by Airfreight, and certifies and represents that he or she as the legal next of kin has the right to make such authorization, and agrees to hold the Veterans Administration harmless from any liability on account of said authorization and shipment.

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(SIGNATURE OF NEXT OF KIN OR LEGAL REPRESENTATIVE)

\_\_\_\_\_  
(ADDRESS)

In order that the Veterans Administration may conduct the services for your departed loved-one in a dignified and reverent manner, and to avoid any possibility of confusion, PLEASE DO NOT CHANGE THESE ARRANGEMENTS WITHOUT NOTIFYING THE:

Funeral Arrangements Clerk, Telephone \_\_\_\_\_  
Veterans Administration Center, Los Angeles 25, California.



VETERANS ADMINISTRATION  
REFERENCE SLIP

	ROUTE TO	INITIALS	DATE
1.	3072/231A2 Room 3608		
2.	3072/21		
3.			
4.			
5.			

REASON FOR REFERENCE

- |                                       |   |   |
|---------------------------------------|---|---|
| <input type="checkbox"/> APPROVAL     | <input type="checkbox"/> CONCURRENCE      | <input type="checkbox"/> NOTE AND RETURN  |
| <input type="checkbox"/> AS REQUESTED | <input type="checkbox"/> FOR YOUR FILES   | <input type="checkbox"/> PER CONVERSATION |
| <input type="checkbox"/> CALL ME      | <input type="checkbox"/> INFORMATION      | <input type="checkbox"/> RECOMMENDATION   |
| <input type="checkbox"/> COMMENTS     | <input type="checkbox"/> NECESSARY ACTION | <input type="checkbox"/> SIGNATURE        |

☐ PREPARE REPLY  
FOR SIGNATURE OF

REMARKS

This Material removed from Hospital  
Correspondence Folder (Concluded Correspondence  
Folder) per M23-1, Part I, Chap. 7.

Residue material has been sent to XC Auxiliary  
File.

FROM

3072/231E1 Analyzer Unit  
Room 3644

DATE

DEC 4 1958

TEL. EXT.

VA FORM

OCT 1958 3230-1



VETERANS ADMINISTRATION  
APPLICATION FOR HOSPITAL TREATMENT OR DOMICILIARY CARE1. APPLICATION FOR  
☒ HOSPITAL TREATMENT ☐ DOMICILIARY CARE

2. LAST NAME - FIRST NAME - MIDDLE NAME (Print or type) MC INTIRE, Clyde "C"	THIS SPACE FOR VA USE		3. UNIT NO. B5069	4. WARD NO. A5
5. CLAIM NO. C- (b)(6)	6. VA REG. 6047C	7. TYPE CASE M	8. PD. SVC. OW	9. SOURCE Dir
10. ADM. DATE 10-12-63				

11. PER (b)(6)	12. PRESENT HOME ADDRESS (If different from Item 11) (Same as #11) PH: (b)(6)	For Administrative purposes only		
13. RELIGION P NP	14. MARITAL STATUS M	15. SEX <input type="checkbox"/> FEMALE <input checked="" type="checkbox"/> MALE		

16A. NAME AND ADDRESS Ollie McIntire (Same as #11 & #12)	16B. RELATIONSHIP Wife	16C. TELEPHONE NO. EX 9 3655	17A. DATE OF BIRTH OF VETERAN 8/21/78	17B. PLACE OF BIRTH OF VETERAN Sedgwick, Kansas
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## 18. HISTORY OF ACTIVE MILITARY SERVICE (If applicable, also give your present reserve or retired Military Status.)

BRANCH OF SERVICE <input type="checkbox"/> ARMY <input type="checkbox"/> NAVY <input type="checkbox"/> AIR FORCE <input type="checkbox"/> MARINE CORPS <input type="checkbox"/> COAST GUARD <input type="checkbox"/> OTHER (Specify)					
SERVICE NO.	ENTERED ACTIVE DUTY		SEPARATED FROM ACTIVE DUTY		GRADE, ORGANIZATION AND TYPE OF SEPARATION (Indicate if Prisoner of War)
	DATE	PLACE	DATE	PLACE	
	9-6-99		6-30-11		Cpl - Honorable NPOW

19. HAVE YOU RECEIVED FROM VETERANS ADMINISTRATION <input checked="" type="checkbox"/> HOSPITAL TREATMENT <input checked="" type="checkbox"/> OUTPATIENT TREATMENT <input checked="" type="checkbox"/> DOMICILIARY CARE (If checked, fill in item 20)		20. MOST RECENT DATES OF CARE, LOCATION OF HOSPITAL, CLINIC, AND/OR DOMICILIARY, AND TYPE OF DISCHARGE, IF APPLICABLE 4/25/71 Records btr B5069
21. ARE YOU RECEIVING FROM FEDERAL GOVERNMENT <input checked="" type="checkbox"/> COMPENSATION <input type="checkbox"/> PENSION <input type="checkbox"/> MILITARY RETIREMENT PAY		22. IF ITEM 21 IS CHECKED, GIVE SOURCE, DISABILITY, AND PERCENT SC: Arthritis; Heart Condition
23. MONTHLY AMOUNT RECEIVED FROM SOURCES IN ITEM 21 \$ 88.00	24. LOCATION OF CLAIMS FOLDER (If applicable) WDC	25. SOCIAL SECURITY NO. OR RAILROAD RETIREMENT BOARD NO. Unknown
26. NAME SERVED UNDER IF DIFFERENT FROM ABOVE, AND PERIOD OF SERVICE UNDER SUCH NAME Same as #2		27. OCCUPATION Boilermaker/Retired
		28. DO YOU BELIEVE THIS HOSPITALIZATION IS DUE TO YOUR EMPLOYMENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

If application is for hospitalization for a condition resulting in discharge for disability incurred in line of duty, or adjudicated service-connected by VA, ITEMS 29 and 30 SHALL NOT BE COMPLETED.

29. ARE YOU FINANCIALLY ABLE TO PAY COST OF YOUR TRANSPORTATION TO AND FROM HOSPITAL AT TIME OF ADMISSION AND DISCHARGE? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	30. IF YOU ARE ENTITLED TO HOSPITAL CARE BY MEMBERSHIP IN A UNION, GROUP PLAN, INSURANCE POLICY, ETC. OR REIMBURSEMENT FOR ITS COST BY REASON OF A CAUSE OF ACTION AGAINST ANY PARTY, GIVE NAME AND ADDRESS OF AGENCY, ORGANIZATION, CORPORATION, OR PERSON (See page 4) None
---	--

31. NAME AND BIRTHPLACE OF FATHER Thomas (Deceased) - Ohio	32. MAIDEN NAME AND BIRTHPLACE OF MOTHER Catherine Reiner (Deceased) - Virginia
---	--

33. I DESIGNATE THE FOLLOWING PERSON OR PERSONS IN THE ORDER LISTED TO RECEIVE POSSESSION OF ALL MY PERSONAL PROPERTY LEFT ON PREMISES UNDER THE CONTROL OF THE VA AFTER LEAVING SUCH PLACE OR AT THE TIME OF MY DEATH. (This designation does not constitute a will or transfer of title.) Same as #16A. No Alt.
--

NOTE - The law (38 USC 5220 et seq.) provides that upon the death of any veteran receiving care or treatment by the Veterans Administration in any institution leaving no widow (widower), next of kin or heir entitled to inherit, all personal property, including money or balances in bank, and all claims and choses in action, owned by such veteran, and not disposed of by will or otherwise, will become the property of the United States as trustee for the Post Fund.

34. I AGREE to accept transfer to another hospital if, in the opinion of the medical staff, such transfer is deemed expedient. I understand the questions. The answers to all questions are true and complete to the best of my knowledge and belief. I acknowledge notice of the effect of the above NOTE.

(This application must be signed in all cases)

10/9/63

(Date)

(Signature of veteran or his representative)

## WARNING

If you knowingly make a false statement of any material fact in or in connection with this application you are subject to prosecution in a United States Court.

VA FORM  
JUL 1962

10-P-10 Shambrey

SUPERSEDES VA FORM 10-P-10, SEP 1958; 10-P-10A, OCT 1955, AND 10-P-10 (TEST), AUG 1961, WHICH WILL NOT BE USED.

670-16-77347-1



Veterans applying for treatment of a service-connected condition will not complete this page. Veterans (1) who are discharged or retired for any disability incurred in line of duty, or (2) who are receiving or are entitled, except for receipt of retirement pay, to receive compensation, when applying for treatment of some other condition, will not complete this page except for item 45 which will be completed when the cost of transportation is claimed. Items 41 through 44 will not be completed when request is for domiciliary care.

35	NUMBER OF DEPENDENTS (Show the number of persons claimed as dependents for Federal income tax purposes, but do not include yourself as a dependent. See page 4)				
36A	IF YOU OWN YOUR HOME OF RESIDENCE, WHAT IS ITS CURRENT VALUE? (See page 4)				\$
36B	WHAT IS THE AMOUNT OF THE UNPAID MORTGAGE OR OTHER INDEBTEDNESS ON THIS HOME?				\$
37A	WHAT IS THE TOTAL CURRENT VALUE OF YOUR PROPERTY, BOTH REAL AND PERSONAL, OTHER THAN YOUR HOME OF RESIDENCE? (Personal property includes such items as motor vehicles, business fixtures, equipment, etc., but does not include items such as household furniture, clothing, jewelry, etc. See page 4)				\$
37B	WHAT IS THE AMOUNT OF THE UNPAID MORTGAGE OR OTHER INDEBTEDNESS ON THIS PROPERTY?				\$
38	WHAT IS THE CURRENT AMOUNT OF YOUR READY ASSETS IN THE FORM OF CASH, BANK DEPOSITS, STOCKS, BONDS, AND INVESTMENTS? (Cash value. See page 4)				\$
39	WHAT WAS YOUR AVERAGE MONTHLY NET INCOME FOR THE LAST SIX MONTHS FROM ALL SOURCES? (See page 4)				\$
40	WHAT ARE YOUR AVERAGE MONTHLY EXPENDITURES FOR THE LAST SIX MONTHS INCLUDING YOUR MORTGAGE PAYMENTS AND ALL OTHER PERSONAL EXPENSES, INCLUDING YOUR EXPENSES FOR YOUR DEPENDENTS?				\$
COMPLETE ITEMS 42, 43, AND 44 IF YOU HAVE HOSPITALIZATION INSURANCE OR OTHER REIMBURSEMENT OF COST (ITEM 30)		BASIC HOSPITAL COSTS	PROFESSIONAL COSTS	OTHER COSTS	TOTAL
41	TOTAL ESTIMATE OF COST OF HOSPITALIZATION (See page 4)	\$	\$	\$	\$
42	ESTIMATE OF INSURANCE OR OTHER COVERAGE AVAILABLE TO APPLICANT (See page 4)	\$	\$	\$	\$
43	NET COST OF HOSPITALIZATION TO APPLICANT (Item 41 minus 42)	\$	\$	\$	\$

44. IF YOU ARE ENTITLED TO HOSPITAL CARE BY MEMBERSHIP IN A UNION OR GROUP PLAN, OR BY AN INSURANCE POLICY, OR WORKMAN'S COMPENSATION, WHY DO YOU NOT AVAIL YOURSELF OF THESE BENEFITS? IF SUCH BENEFITS HAVE BEEN USED, INDICATE EXTENT OF USE.

45. The entries in the foregoing application made by me are certified to be correct to the best of my knowledge and belief. I understand the meaning of the questions, my answers to them, and the necessity for giving truthful answers. I hereby swear (or affirm) that

I am ☐ ABLE ☐ UNABLE to defray the necessary expenses of the Hospital treatment (Domiciliary care) for which I have applied.

I am ☐ ABLE ☐ UNABLE to defray the transportation costs for which I have applied.

(Date)

(Signature of veteran or his representative)

**WARNING** If you knowingly make a false statement of any material fact in or in connection with this application you are subject to prosecution in a United States Court.

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_ 19\_\_\_\_

by \_\_\_\_\_ claimant. These statements were ☐ READ TO ☐ READ BY the claimant.

(Notary Seal)

(Date)

(Notary Public or Authorized VA Representative)

**45A. TO BE COMPLETED BY VA PERSONNEL ONLY**

LEGAL ELIGIBILITY (Check)		HOSPITAL CARE		DOMICILIARY CARE	
<input checked="" type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE	<input type="checkbox"/> REQUIRED	<input checked="" type="checkbox"/> NOT REQUIRED	<input type="checkbox"/> ELIGIBLE	<input type="checkbox"/> INELIGIBLE
		<input type="checkbox"/> EMERGENT	<input type="checkbox"/> URGENT	<input type="checkbox"/> GENERAL	
SIGNATURE OF ELIGIBILITY CLERK		DATE	SIGNATURE OF VA PHYSICIAN		DATE
<i>[Signature]</i>		10-12-63	<i>[Signature]</i>		10/9/63

67-16-77345-1

2



U B2

CLAIM AGAINST THE UNITED STATES  
FOR

AMOUNTS DUE IN THE CASE OF A DECEASED CREDITOR

(b)(6)

(DATE)

1. I/we, the undersigned, hereby make claim as Wife for amounts due from the  
(Relationship)  
United States in the case of McIntire, Clide Clifton who died on the 16th day  
(Name of decedent)  
of November, 19 63, while domiciled in the State of California

2. The basis of this claim is as follows: Funds and effects left at the VA Center,  
Los Angeles, California  
(State nature of claim, amount, name and location of Department or Agency involved)

3. Has there been or will there be appointed an executor or administrator of the decedent's estate?  
..... ("Yes" or "No.") If the answer is "Yes," the following statement should be completed:

I/we have been duly appointed ..... of the estate of the deceased, as evidenced  
(Executor or Administrator)  
by certificate of appointment herewith, administration having been taken out in the interest of:

(Name, address, and relationship of interested relative or creditor)

and such appointment is still in full force and effect.

(If making claim as the executor or administrator of the estate of the deceased, no witnesses are required, but a short certificate of letters testamentary or of administration must be submitted.)  
(If you are the executor or administrator of the estate of the deceased, disregard paragraphs 4, 5, and 6.)

4. If an executor or administrator has not been or will not be appointed, the following information should be furnished: The deceased is survived by—

Name

Widow or widower (if none, so state): Widow OLLIE F. MCINTIRE

Children (if none, so state): DAUGHTER

Name

Age (if under 21)

Street Address, City, and State

THELMA MINTER 6717 FLAMINGO WAY, SACRAMENTO, CA

Grandchildren (list only the children of deceased children—if none, so state):

Name

Age (if under 21)

Street Address, City, and State

Name of deceased parent of grandchild



If no child or grandchild survives, enter below the following:

Name

Street Address, City, and State

Father (if deceased, so state):

Mother (if deceased, so state):

Brothers and sisters (if none, so state):

Name

Age (if under 21)

Street Address, City, and State

NONE

Nephews and nieces (list only the children of deceased brothers or sisters—if none, so state):

Name

Age (if under 21)

Street Address, City, and State

Name of deceased parent of nephew or niece

NONE

5. Have the funeral expenses been paid? (Yes or No.) (If paid, receipted bill of the undertaker must be attached hereto.)

6. Whose money was used to pay the funeral expenses? VETERANS ADMINISTRATION  
(If funeral expenses were paid from the proceeds of an insurance policy, state the name of the

beneficiary of such policy.)

FINES, PENALTIES, and FORFEITURES are imposed by law for making of false or fraudulent claims against the United States or the making of false statements in connection therewith.

(Signature of claimant)

(Date)

(Signature of claimant)

(Date)

DEC 1 1943

(b)(6)

(Street address)

(City)

(State)

### TWO WITNESSES ARE REQUIRED

We certify that we are well acquainted with the above OLLIE F. MCINTIRE  
(Name of claimant(s))  
and that the signature(s) of the claimant(s) was (were) affixed in our presence.

(Signature of witness)

(Signature of witness)

(b)(6)

(City)

(State)

(City)

(State)

All unnegotiated Government checks in possession of the claimant, drawn to the order of the decedent and involved in the claim, shall accompany the claim application.



# **AUTHORITY TO RELEASE AND SHIP EFFECTS AND FUNDS**

TO: (Check distribution) <input type="checkbox"/> CHIEF, FINANCE (FISCAL) DIVISION <input checked="" type="checkbox"/> PATIENT'S CLOTHING AND VALUABLES CUSTODIAN <input type="checkbox"/> CHIEF, SUPPLY DIVISION		NAME OF BENEFICIARY <b>MCINTIRE, Glide Clifton</b>	
DATE OF BENEFICIARY'S DEATH <b>Nov. 16, 1963</b>		CLAIM NO. <b>(b)(6)</b>	REGISTER NO. <b>B5069</b>
RELEASE AND SHIP (DELIVER) EFFECTS OR FUNDS TO			
NAME OF RECIPIENT (Specify relationship and whether designee or alternate) <b>Ollie F. McIntire</b> <b>Wife and legally entitled</b>		ADDRESS <b>(b)(6)</b>	
In accordance with Regulations, you are authorized to release and ship to the recipient indicated, the personal effects and/or the unencumbered balance of funds on deposit in PERSONAL FUNDS OF PATIENTS to the credit of the above deceased beneficiary. (Shipment of personal effects at Government expense shall not exceed \$25.)			
REMARKS <b>Auth - M-1, Part I, Change 47, Par. 14.79 (d)</b> <b>1 BOX #17</b> <b>INSURED</b> <b>MF</b> <b>77</b> <b>10</b> <b>\$187</b>			
DATE <b>12/3/63</b>		SIGNATURE OF MANAGER (Or designee) <i>Clifford Smith</i>	



CLAIM NO.

REASON FOR INVENTORY

11-16-63

**DEATH**

☐ AWOL☐ DISCHARGED

☐ DISPOSAL OF PERSONALLY OWNED EFFECTS  
WHICH HAVE BECOME UNSERVICEABLE

DATE OF INVENTORY

6009

LA 25

11-18-63

## INVENTORY

SHIPPED PARCEL POST INS.  
DATE-12-8-63

J Leskeltä



[illegible]

DATE \_\_\_\_\_

SIGNATURE OF REGISTRAR OR DESIGNEE

DATE \_\_\_\_\_

FUNDS ON DEPOSIT TO CREDIT OF BENEFICIARY

TOTAL AMOUNT

9

10.35

SIGNATURE OF PATIENT'S FUNDS CLERK

DATE \_\_\_\_\_

GRAND  
TOTAL

3

DUE TO WEAR, TEAR, OR UNSANITARY CONDITION, IT IS  
RECOMMENDED THAT ITEMS LISTED ABOVE BE DISPOSED OF BY

SIGNATURE OF CLOTHING AND EFFECTS SUPERVISOR

DATE \_\_\_\_\_

☐ INCINERATION

☐ USE IN OCCUPATIONAL  
THERAPY SHOP, ETC.

REMARKS

COMPETENT

DISPOSITION IS

SIGNATURE OF REGISTRAR OR ASSISTANT

DATE \_\_\_\_\_

☐ APPROVED

☐ DISAPPROVED







## PATIENT

(b)(6)

11 10 63

## MISCELLANEOUS

## VALUABLES

Signature of Patient

SIGNATURE OF EMPLOYEE RECEIVING ITEMS

SIGNATURE OF PATIENT RECEIVING ITEMS

DATE \_\_\_\_\_

EXISTING STOCK OF VA FORM 10-2270,  
JAN 1958, WILL BE USED.

GP0: 1963  
c43 -689807



## EFFECTS SLIP

TAG NO.

PATIENT'S NAME, UNIT NO., WARD NO., DATE

Mc Intyre Clyde

B5069

F5W

AMT.	CLOTHING	GI	AMT.	CLOTHING (Cont.)	GI
	ARCTICS (Pair)			Cash	
1	BELT			\$ 4.10	
	CAP				
1	COAT, DRESS				
	COAT, OVER				
	COAT, RAIN				
	COAT, SHORT				
	DRAWERS			MISCELLANEOUS	
	GLOVES (Pair)			BARRACKS BAG	
	HANDKERCHIEF			HAND BAG	
	HAT			SUITCASE	
	JACKET		1	Kleenex (open)	
	NECKTIE				
	RUBBERS (Pair)				
	SCARF			no VALUABLES	
1	SHIRT, <i>permanent</i>			BILLFOLD	
	SHOES (Pair)			DISCHARGE CERTIFICATE	
	SLIPPERS (Pair)			DRIVERS LICENSE	
1	SOCKS (Pair)			EYEGLASSES	
	SWEATER			FOUNTAIN PEN	
1	TROUSERS, DRESS			KEYS	
	TROUSERS, <i>WASH</i>			PENCIL, MECHANICAL	
	UNDERSHIRT			RING	
	UNION SUIT			SHAVER, ELECTRIC	
	VEST			SOCIAL SECURITY CARD	
1	Suspenders			WATCH	
2	Tobacco		1	Receipt for funds	
1	Cigarettes (open)			(6.25)	

I have been informed that any funds and valuables which I am permitted to retain during my hospitalization may be deposited with the hospital for safekeeping, and that retention of same will be at my own risk. I agree to deposit with the hospital any funds and valuables which I am not permitted to retain. I consent to disposition in accordance with Hospital Rules of any prohibited articles which are now or may hereafter be found in my possession during my hospitalization.

Signature of Patient

REMARKS

Expired 10<sup>30</sup> pm

SIGNATURE OF EMPLOYEE RECEIVING ITEMS

SIGNATURE OF PATIENT RECEIVING ITEMS

DATE

11-16-63



VAC WADS  
LA 25 CAL

12 12 63

(b)(6)

(b)(6)  
(b)(6)

MC INTIRE CLICE 2 B-1000 AS  
OW DLR 10 12 63  
CLIC NO INTIRE W 8 21 73  
SAME ADDR EX-93855  
ARMY 9 6 99 - 6 30 11 HT  
HEART-ARTHRITIS 88.00 WDC  
CA LUNG-ANEURYSM

NAME AND LOCATION  
OF STATION

Stations not using  
mechanical admission  
process, complete  
items (1), and (4). If  
Claim No. is unavail-  
able, complete items  
(1), (9), (14), (15),  
and (26) through (32)

LEGEND

(1) Name (2) Unit No. (3) Ward or Sec. No.  
(4) Claim No. (5) Type of Case (6) Elig. Status  
(7) Source of Admission (8) Date of Admission  
(9) Permanent Address (10) War  
(11) In Emer. Notify (12) Rel'nship (13) Address  
(14) Place of Birth (15) Date of Birth  
(16) Religion (17) Marital Status (18) Sex  
(19) Occup. (20) Age Spouse (21) Age Youngest  
Child (22) No. Other Dep. (23) Time in State  
(24) Time in Com'nity (25) Prev. Rec. from VA  
(26) Branch of Service (27) Service No.  
(28) Latest Period of Service  
(29) Comp., Pension, or Retirement Status  
(30) % Disab. (31) Amit. (32) Location Case File  
(33) Admission Diagnosis (34) VA Regulation

PART I - PURPOSE (Check appropriate box and complete)			
<input checked="" type="checkbox"/> A - ADMISSION NOTICE	1. REPORT <input checked="" type="checkbox"/> INITIAL <input type="checkbox"/> SUPPLE- MENTAL	2. HOSPITAL OR DOMICILIARY (Check one) <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> DOMICILIARY	2A. HOSPITAL PATIENT <input type="checkbox"/> NON-VA <input checked="" type="checkbox"/> VA
2C. PATIENT OR MEMBER (Check) WAS ADMITTED OR READMITTED FOLLOWING AN IRREGULAR DISCHARGE <input type="checkbox"/> IS INCOMPETENT <input type="checkbox"/>		2B. DOMICILIARY MEMBER	
3. IF COMMITTED, INDICATE COMMITMENT COURT AND LOCATION		4. DATE COMMITTED	
<input checked="" type="checkbox"/> B - REQUEST FOR INFORMATION	5. COMPLETE IN PART II (Check) <input checked="" type="checkbox"/> ALL ITEMS ONLY ITEMS → <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7		
6. REMARKS			
C - ASSIGN CLAIM NUMBER	7. SIGNATURE <i>J. F. Ford</i>		8. DATE SIGNED <i>10-12-63</i>
PART II - EXTRACT FROM CLAIMS FOLDER		PART III - REQUEST	
TO	CLAIM NUMBER ASSIGNED	<input checked="" type="checkbox"/> 1. VA FORM 10-7132	
FROM		<input type="checkbox"/> 2. FINAL SUMMARY	
1. CLAIM NUMBER	2. PATIENT RATED (Check one) <input type="checkbox"/> INCOMPETENT <input type="checkbox"/> COMPETENT	<input checked="" type="checkbox"/> 3. INTERIM SUMMARY 30 DAY	
3. MONETARY BENEFITS	3A. PENSION \$	3B. COMPENSATION \$ <i>178.40</i>	3C. RETIREMENT PAY \$
4. APPORTIONMENT	4A. AMOUNT TO VETERAN \$	4B. OTHER PAYEE (Complete item 4C) \$	
4C. NAME AND ADDRESS OF OTHER PAYEE		5. INTERIM SUMMARY DAYS	
5. GUARDIAN (Check and complete)	5A. NAME	6. COMPETENCY OPINION	
<input type="checkbox"/> PERSON <input type="checkbox"/> ESTATE	5B. ADDRESS	7. VA FORM 21-2680	
6. MILITARY SERVICE	6A. FROM (Date) <i>9-6-99</i>	6B. TO (Date) <i>6-30-01 Home</i>	8. ASSET INFORMATION
7. SC CONDITIONS, %, PEACETIME OR WARTIME, ETC. <i>myocarditis, arthritis, Chr 30%</i>		9. REPORT OF OUTPATIENT TREATMENT (Complete items A & B below)	
REMARKS FOR PART II AND PART III		10. OTHER (Specify) <i>400 sub</i>	
SIGNATURE <i>N. Stern City adl 3072</i>		DATE SIGNED <i>11-1-63</i>	

VA FORM  
MAR 1962 10-7131

SUPERSEDES VA FORMS 10-7131, JAN 1961;  
10-2392, AUG 1958; V88-5766, JUN 1957,  
WHICH WILL NOT BE USED.

EXCHANGE OF BENEFICIARY INFORMATION



VETERANS ADMINISTRATION  
DISABLED VETERAN'S FAMILY STATUS QUESTIONNAIRE1. DATE MAILED  
OCT 2 19562. CLAIM NO.  
(b)(6)

NOTE: It is necessary to find out if there have been any changes in the families of those veterans who are receiving additional compensation because of their wives and children. It is requested, therefore, that you answer the following questions. If any question does not relate to your family, answer "None." If the form is not returned within 30 days from date in Item 1, payment of additional amount for your wife or children will be terminated without further notice. If a fiduciary is involved, he will execute the form in behalf of the veteran, date and sign it in Items 12A and 12B.

3. NAME AND ADDRESS OF VETERAN OR FIDUCIARY

TO Glide C. McIntire

(b)(6)

VETERANS ADMINISTRATION

Veterans Benefits Office  
Munitions Building  
Washington 25, D. C.

Please return the completed Form to the  
Veterans Administration office shown  
above.

4. WHAT IS YOUR PRESENT MARITAL STATUS? (Check one)



MARRIED



SEPARATED



WIDOWED



DIVORCED

5. NUMBER OF TIMES YOU HAVE BEEN  
MARRIED

3

Furnish the following information regarding each of your marriages

6A. DATE AND PLACE OF MARRIAGE

6B. TO WHOM MARRIED

6C. HOW MARRIAGE  
ENDED (Death,  
divorce)6D. DATE AND PLACE MARRIAGE  
ENDED

don't remember date

El Reno Okla

Jay Rouns

divorce

don't remember date

Cheekasha Okla

don't rem. date Calif.

San Bernardino

Bessie Lampton

divorce

don't rem. date

Los Angeles Calif

Nov 16-1942 Calif

San Monica

Ollie Leoll

NOTE: The term "child" means an unmarried person (a) under 18; (b) under 21, if attending school or (c) incapable of self-support by reason of mental or physical defect prior to attaining the age of 18 years. The term also includes a stepchild if a member of the veteran's household, and an adopted child.

List full names of all your children under age 18. If any of these children married or died before reaching age 18, also complete items 7B or 7C.

7A. NAME OF CHILD

7B. DATE OF MARRIAGE

7C. DATE OF DEATH

No. Children

RECORDED  
FILE

DEC 5 1956

ABSTRACT & CODING DIVISION  
COMP. & PEN. SERV.

VBO - WASH., D.C. 3072

List the full names of all your children between the ages of 18 and 21, who are attending school. If, while attending school, any of these children married, stopped school, or died, complete appropriate items 8B, 8C, or 8D.

8A. NAME OF CHILD

8B. DATE OF MARRIAGE

8C. DATE DISCONTINUED  
SCHOOL

8D. DATE OF DEATH

VACO CLAIMS LOCAL

FOURTH

U30

NOV 23 1956

P.M.

7 8 9 10 11 12 1 2 3 4 5 6

9. GIVE THE NAME OF EACH CHILD WHO IS PERMANENTLY INCAPABLE OF SELF-SUPPORT



If any of your children are not living with you, furnish the following information for each child.

10A. NAME OF CHILD

10B. NAME AND ADDRESS OF PERSON WITH WHOM CHILD IS LIVING

11. REMARKS

ADO - MARCH 1956  
COMB' & SERV' SEVA  
ABSTRACT & CODING DIVISION  
DEC 2 1956  
FILE  
RECORDED

CERTIFICATE AND SIGNATURE OF VETERAN OR FIDUCIARY

I CERTIFY THAT the foregoing statements are true and correct to the best of my knowledge and belief.

12A. DATE SIGNED

Nov-1-1956

12B. SIGNATURE OF VETERAN OR FIDUCIARY

SIGN  
HERE

Calide L. McIntire

WITNESSES TO SIGNATURE OF VETERAN IF MADE BY "X" MARK

NOTE: Signature of veteran made by mark must be witnessed by two persons who personally know the veteran and whose signatures and addresses must be shown below.

13A. ADDRESS OF WITNESS

13B. SIGNATURE OF WITNESS

14A. ADDRESS OF WITNESS

14B. SIGNATURE OF WITNESS

PENALTY.—The law provides that whoever makes any statement of a material fact, knowing it to be false, shall be punished by a fine of not more than \$1,000 or by imprisonment for not more than one year, or both.

DO NOT WRITE BELOW—FOR VA USE ONLY

15. ENTITLED TO CONTINUED PAYMENT OF ADDITIONAL COMPENSATION

☒ YES ☐ NO

16. SIGNATURE OF ADJUDICATOR OR CLAIMS RECORD CLERK

Harrington

17. DATE

12/3/56



Venue calf.  
Nov 1 - 1956

Dear Sir,

I have filed out Blank  
to the best of my memory  
It has been so many years  
since I seen or heard of.

My first two wives,  
that I had forgot nearly  
all about them  
I cant remember dates of.  
marriage or divorce

But you can find them  
in my files in Wash. D.C.,  
as I sent my divorces from  
both of them to V.A. in  
Wash. D.C.

Resp Yours

Clifford E. McIntire

(b)(6)

No.  
last of my



RECORDED  
FILE

DEC 5 1956

ABSTRACT & CODING DIVISION  
COMP. & PEN. SERV.  
VBO - WASH., D.C. - 3072





June 26, 1953

8A06B

Mr. Glide C. McIntire

(b)(6)

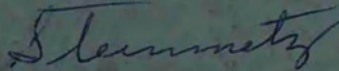
(b)(6)

Dear Mr. McIntire:

This is to inform you that your compensation claim has been reviewed under the provisions of Public Law 458, 79th Congress, which authorized a new rating schedule for evaluating disabilities.

It has been determined that the application of the new schedule warrants no change in the present evaluation of your disability, and you will, therefore, continue to receive compensation in the amount of \$154.80 monthly, so long as your condition remains unchanged.

Very truly yours,



J. E. LOGGINS  
Chief, Claims Division

Encl  
8-73

AHS/gwh



DRB



23. RATING BOARD NO.	24. STATION NO.
25. RATER (Specify)	26. RATING SPECIALIST (Specify)
ad/	CHM <input type="checkbox"/>
U.S. GOVERNMENT PRINTING OFFICE: 1962 O-674-108	
7 1962	

# **RATING SHEET** **CENTRAL DISABILITY BOARD**

CLAIM NO.

8ACAG/t1

C-

(b)(6)

DATE OF RATING

JUN 22 1953

NAME

MC INTIRE, Clide C.

DATE OF LAST EXAMINATION

8/21/35

DATES OF ENLISTMENT

9/6/99

DATES OF DISCHARGE

6/30/01 Hon

RATINGS

Jurisdiction: V.A. Reg. 2025 A.

Issue: Evaluation

Rating 4/6/42 continued with following 1945 S  
evaluation.

Incident to service, Reg. No. 12, Presumption  
not rebutted by affirmative evidence or sound  
medical judgment PI  
80% from 4/1/46

7005 MYOCARDITIS; ARTHRITIS, CHR.

FILE

Authorization Section 1

Group Initials axb

Date 6-26-53

MEMBER

MEMBER

E. E. THOMAS, M.D.

CHAIRMAN

FOR T. A. DALEY



1201 100 010

RECEIVED  
CONTROL UNIT  
AUTHORIZATION SECTION  
JUN 23 1953  
CLAIMS DIVISION  
VETERANS CLAIMS SERVICE  
REFERRED TO \_\_\_\_\_

FILE SUBMITTED FOR RATING		ST-NO.
TO: Chairman, Central Disability Board		(b)(6)
FROM: Authorization Section I - Authorization Section II		DATE
VETERAN'S NAME (Last Name - First Name - Middle Initial)		6-19-53
THE ATTACHED FILE IS SUBMITTED FOR RATING FOR THE FOLLOWING REASONS (State specific reasons why rating is necessary) <i>SA 20</i> <i>Review PL 45-8 v 45 Schedule</i>		
CENTRAL DISABILITY BOARD		
INSTRUCTIONS - The evidence of record has been reviewed in the light of the provisions of paragraph 3 and 5, Instruction No. 2, Regulation No. 1-A, and other instructions, and no legal bar to entitlement by reason of misconduct (other than the specific diseases and their sequelae) has been found. The type of duty or type of discharge, as shown by the record, except for the enlistments or other exceptions indicated below.		
ENLISTMENTS BEGINNING	ENLISTMENTS ENDING	
OTHER EXCEPTIONS	VETERAN'S CLAIM SERVICE INCURRED ON	
SIGNATURE	GROUP NO.	

VA FORM 8-638  
APR 1946

GPO 83-10993



RECEIVED  
VETERANS CLAIMS SERVICE  
CLAIMS DIVISION  
JUN 19 1963  
CENTRAL DISABILITY BOARD

ADJ PL 356  
82ND CONG.  
5B1

\$154.80\*

(b)(6)

CLIDE C MC INTIRE

(b)(6)

JAN 13 1953

STANLEY S. A. 11-11-11-11-11-11

*W. B. 1/13/53*





# Section III. EXTRACT FROM CLAIM FOLDER

NAME **MC INTIRE, Clyde C.** RACE **White** C-NO. **(b)(6)**

## PART A

DATE ENLISTED	DATE DISCHARGED	GRADE AND ORGANIZATION	TYPE OF DISCHARGE	NATURE OF DISEASE OR INJURY AND LINE OF DUTY STATUS IF DISCHARGED FOR DISABILITY
9-6-99	6-30-01	Cpl., Co. A, 44th Regt., U. S. Inf.	Hon.	Not for disability incurred in lod.

## PART B

DISABILITIES (Do not list conditions coded "ll," "mm," or "nn." On dental cases indicate date of rating and war or peacetime service.)

1. SERVICE-CONNECTED (and %)	2. NONSERVICE-CONNECTED
<p>DISPATCHED READY FOR FILM NOV 30 1950</p> <p>ADMINISTRATIVE DIVISION VETERANS CLAIMS SERVICE CENTRAL OFFICE</p>	
3. CONDITIONS IN ll STATUS	
4. CONDITIONS IN mm STATUS	
5. CONDITIONS IN nn STATUS	
6. AMOUNT OF COMPENSATION BEING PAID FOR DISABILITY INCURRED IN SERVICE	7. AMOUNT OF PENSION BEING PAID FOR DISABILITY NOT INCURRED IN SERVICE
8. HAS APPLICANT EVER RECEIVED DOMICILIARY CARE? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, GIVE DATES AND NATURE OF DISCHARGE
9. LOCATION OF MOST RECENT <input type="checkbox"/> HOSPITALIZATION <input type="checkbox"/> DOMICILIARY CARE AS INDICATED BY <input type="checkbox"/> CLAIM FOLDER <input type="checkbox"/> P-10	DATES (From - to)
10. INFORMATION RELATIVE TO INFRACTIONS OF DISCIPLINE DURING PAST SIX MONTHS (If none, so state.)	
11. HAS PROSTHETIC OR ORTHOPEDIC APPLIANCE BEEN FURNISHED OR REPAIRED? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, SHOW TYPE AND DATE

## 12. NAMES AND ADDRESSES OF DEPENDENTS AND FIDUCIARY, IF ANY

NAME	ADDRESS

REMARKS

DATE **11-30-50** SIGNATURE AND TITLE OF PERSON FURNISHING INFORMATION **GEORGE E. BROWN, Director** OFFICE **Veterans Claims Service**

VA FORM **10-2731 (BACK)**  
JAN 1947

JOH  
JOH:mh

16-51291-1 U. S. GOVERNMENT PRINTING OFFICE



EC

## REQUEST FOR ADMINISTRATIVE AND ADJUDICATIVE ACTION

DATE

11-16-50

FROM

Medical Division  
REGIONAL OFFICE

Los Angeles 25, Calif.

☐ TO ☒ THROUGH ADMINISTRATIVE  
DIVISION

ADDRESS

~~REGIONAL OFFICE~~~~Los Angeles 25, California~~

VA CENTRAL OFFICE

WASHINGTON, D.C.

In reply refer to: 44R10BBE

Director, Veterans Claims  
Service

CLAIM FOR

SAW

REQUEST

☒ OF-PATIENT TREATMENT DENTAL☐ DOMICILIARY CARE☐ ASSIGNMENT OF C-NO.☒ DETERMINATION OF SERVICE-CONNECTION☐ HOSPITALIZATION-EMERGENT☐ HOSPITALIZATION-NONEMERGENT☒ EXTRACT FROM C-FOLDER☐ DECISION ON OTHER THAN HONORABLE DISCHARGE

APPLICANT'S LAST NAME—FIRST NAME—MIDDLE INITIAL

MC INTIRE, Clide Clifton

C-NO.

(b)(6)

STREET ADDRESS

335 Vernon Avenue

CITY

Venice

STATE

Calif.

## Section I. DATA FOR ASSIGNMENT OF C-No.

DATE OF BIRTH

PLACE OF BIRTH

RACE

ACTIVE MILITARY OR NAVAL SERVICE HISTORY

☐ ARMY☐ NAVY☐ MARINE CORPS☐ COAST GUARD☐ OTHER

SERIAL NUMBER

ENLISTMENT OR  
ACTIVE DUTY DATE

DISCHARGE OR RELEASE FROM ACTIVE DUTY

DATE

PLACE

GRADE AND ORGANIZATION

TYPE OF DISCHARGE

NAME SERVED UNDER OTHER THAN ONE USED IN APPLICATION, IF ANY

PERIOD OF SERVICE UNDER THIS NAME

APPLICATION INDICATES A CLAIM FOR OTHER BENEFITS ☐ WAS ☐ WAS NOT FILED ON (Date)

AND IS LOCATED AT

## Section II. DATA FOR DETERMINATION OF SERVICE CONNECTION

NATURE OF DISEASE OR INJURY FOR WHICH TREATMENT OR HOSPITALIZATION IS REQUESTED

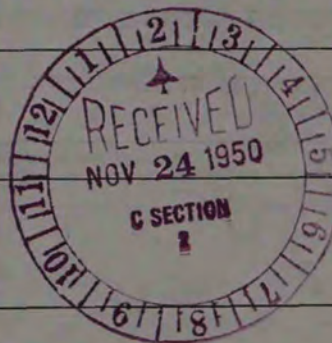
APPROXIMATE DATE APPLICANT FIRST  
NOTICED THIS CONDITION

PRESENT SYMPTOMS

DIAGNOSIS OR FINDINGS

APPLICANT CLAIMS CONDITION TO BE SERVICE-CONNECTED BECAUSE

RECEIVED  
NOV 27 1950  
ADMINISTRATIVE DIVISION  
VETERANS CLAIMS SERVICE  
CENTRAL OFFICE



APPLICANT STATES HE RECEIVED HOSPITALIZATION OR TREATMENT DURING MILITARY SERVICE

DATE

PLACE

DATE

PLACE

SIGNATURE OF PERSON MAKING REQUEST

TITLE

Eligibility Clerk

VA FORM 10-2731  
JAN 1947Supersedes VA Forms 505 Jul 1945 and previous editions, 2057, 10-505  
Jun 1946 Test Form, and 7615 Jun 1946 Test Form, which may NOT be used.

16-51201-1

RECORDED  
FILB  
MAR 15 1950  
CLAIMS STATISTICS SERVICE  
Per \_\_\_\_\_

☆☆☆☆☆☆☆☆ \$136.80

CLIDE C MC INTIRE

(b)(6)

ADJ. PL. 339  
81ST CONG.  
5B1

(b)(6)  
CALIF

2611/2/49





NAME <b>MC INTIRE, Clide O.</b>		ADDRESS <b>1380 S. Sepulveda Blvd. Los Angeles 25, Calif.</b>	C-No. <b>(b)(6)</b>
REASON FOR TRANSFER OF RECORDS CHECKED BELOW			
Your jurisdiction <b>Regional Office</b>			
FROM:	TO:		
ADJ. COMP. FOLDER A-No.	VACO, Washington 25, D.C.		
ALLOTMENT AND ALLOWANCE A AND A No.	DISABILITY INSURANCE CLAIMS FILE		
TERM INS. FOLDER T-No.	HOSPITAL CORRESPONDENCE FILE		
K-INS. FOLDER K-No.	GUARDIANSHIP FOLDER		
C. O. DUMMY WITH INS. FILE	MED. TREAT. FOLDER		
N- INSURANCE FILE	SECONDARY FOLDER		
CLINICAL RECORDS	SECTION 202 (10) FILE		
DOMICILIARY FOLDER	TRIAL FILE		
V-INSURANCE FILE	REHABILITATION FOLDER		
DATE RECORDS CHECKED WERE RECEIVED		DATE RECORDS CHECKED WERE FORWARDED	
SIGNATURE OF RECEIVING OFFICER		September 21, 1949 SIGNATURE OF TRANSFERRING OFFICER	
		ORVAL A. KORF, Chief, Administrative Div.	

V A FORM  
AUG 1946

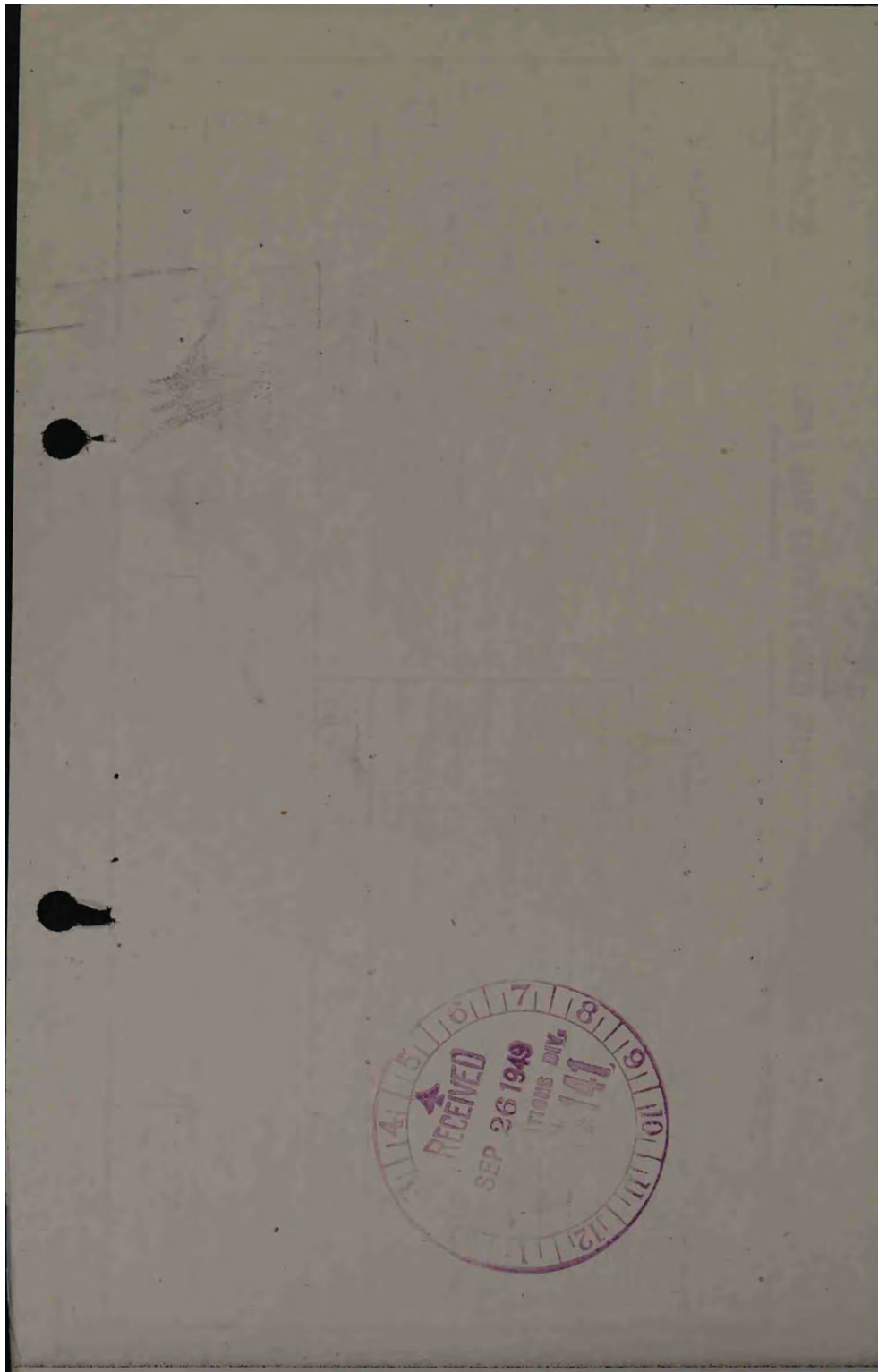
3-3029

RECEIPT FOR TRANSFERRED MISCELLANEOUS RECORDS

3BBC/js

10-49167-1  
GPO





REGIONAL OFFICE 3044  
Los Angeles 25 California

Section 202 (10) Treatment Folder

NAME: Mc INTIRE, Clyde C.

SN: Unk

D/B: 8-21-1878

P/B: Sedgwick, Kans.

DATES/ENTRY INTO SERV: 9-6-1899

6-30-1901

DATES/DISCH:

RANK & ORG:

Cpl Co A 44 U.S. Vol Inf

(b)(6) Location Unknown

(b)(6)

*DBA 1-3-1900*  
*Co Line Case*





# Section III. EXTRACT FROM CLAIM FOLDER

NAME

McINTIRE, Clide C.

RACE

White

C-NO.

(b)(6)

## PART A

DATE ENLISTED	DATE DISCHARGED	GRADE AND ORGANIZATION	TYPE OF DISCHARGE	NATURE OF DISEASE OR INJURY AND LINE OF DUTY STATUS IF DISCHARGED FOR DISABILITY
9-6-99	6-30-01	Cpl. Co. A, 44th Regt. U. S. Inf.	Honorable	Not for disability incurred in line of duty.

## PART B

DISABILITIES (Do not list conditions coded "il," "mm," or "nn." On dental cases indicate date of rating and war or peacetime service.)

### 1. SERVICE-CONNECTED (and %)

Myocarditis, arthritis, chronic 80%.

DISPATCHED  
READY FOR FILE

### 2. NONSERVICE-CONNECTED

Cholecystitis. Bronchitis. Prostatic hypertrophy. Pes Planus. Otitis media, chronic catarrhal. Neurasthenia

### 3. CONDITIONS IN U STATUS

None shown

MAY 16 1949

### 4. CONDITIONS IN mm STATUS

None shown

ADMINISTRATIVE DIVISION  
VETERANS CLAIMS SERVICE  
CENTRAL OFFICE

### 5. CONDITIONS IN nn STATUS

None shown

### 6. AMOUNT OF COMPENSATION BEING PAID FOR DISABILITY INCURRED IN SERVICE

\$ 127.20

### 7. AMOUNT OF PENSION BEING PAID FOR DISABILITY NOT INCURRED IN SERVICE

\$

### 8. HAS APPLICANT EVER RECEIVED DOMICILIARY CARE?

☐ YES ☒ NO

### IF YES, GIVE DATES AND NATURE OF DISCHARGE

9. LOCATION OF MOST RECENT ☐ HOSPITALIZATION ☐ DOMICILIARY CARE  
AS INDICATED BY ☐ CLAIM FOLDER ☐ P-10 **VAC, Los Angeles**  
**California**

### DATES (From - to)

2-14-45 to 4-25-46 MHB

### 10. INFORMATION RELATIVE TO INFRACTIONS OF DISCIPLINE DURING PAST SIX MONTHS (If none, so state.)

No record

### 11. HAS PROSTHETIC OR ORTHOPEDIC APPLIANCE BEEN FURNISHED OR REPAIRED?

☐ YES ☐ NO

Special oversize abdominal belt \$25.00 - 4-23-46

### IF YES, SHOW TYPE AND DATE

### 12. NAMES AND ADDRESSES OF DEPENDENTS AND FIDUCIARY, IF ANY

NAME	ADDRESS
Wife	335 Vernon Avenue Venice, California

### REMARKS

DATE

5/17/49

SIGNATURE AND TITLE OF PERSON FURNISHING INFORMATION

GEORGE E. BROWN, Director

OFFICE

Veterans Claims Service



## REQUEST FOR ADMINISTRATIVE AND ADJUDICATIVE ACTION

DATE

5-5-49

FROM Registrar, V.A. Center

McINTIRE, Clide C.

Los Angeles 25, C. I.

ATTN: ELIGIBILITY R.A. 3, GM&amp;SH OPS

☐ TO ☐ THROUGH ADMINISTRATIVE DIVISION☐ TO ADJUDICATION DIVISION

DIRECTOR OF VETERANS CLAIMS SERVICE

ADDRESS

VA CENTRAL OFFICE  
WASHINGTON, D.C.

CLAIM FOR

☒ OUT-PATIENT TREATMENT☐ DOMICILIARY CARE☒ HOSPITALIZATION-EMERGENCY☐ HOSPITALIZATION-NONEMERGENCY

REQUEST

☐ ASSIGNMENT OF C-NO.☐ DETERMINATION OF SERVICE-CONNECTION☒ EXTRACT FROM C-FOLDER☐ DECISION ON OTHER THAN HONORABLE DISCHARGE

APPLICANT'S LAST NAME—FIRST NAME—MIDDLE INITIAL

McINTIRE, Clide C.

C-NO  
(b)(6)

STREET ADDRESS

335 Vernon Avenue

CITY

Venice

STATE

Calif.

## Section I. DATA FOR ASSIGNMENT OF C-No.

DATE OF BIRTH

8-21-78

PLACE OF BIRTH

Sedgwick, Kansas

RACE

White

ACTIVE MILITARY OR NAVAL SERVICE HISTORY

☒ ARMY☐ NAVY☐ MARINE CORPS☐ COAST GUARD☐ OTHER

SERIAL NUMBER

ENLISTMENT OR  
ACTIVE DUTY DATE

DISCHARGE OR RELEASE FROM ACTIVE DUTY

DATE

PLACE

GRADE AND ORGANIZATION

TYPE OF DISCHARGE

~~XXXXXXXX~~

9-6-1899

6-30-01

Presidio, California

Cpl. Co. A.  
44th Inf.

Hon.

NAME SERVED UNDER OTHER THAN ONE USED IN APPLICATION, IF ANY

PERIOD OF SERVICE UNDER THIS NAME

APPLICATION INDICATES A CLAIM FOR OTHER BENEFITS

☐ WAS☐ WAS NOT FILED ON (Date)

AND IS LOCATED AT

## Section II. DATA FOR DETERMINATION OF SERVICE CONNECTION

NATURE OF DISEASE OR INJURY FOR WHICH TREATMENT OR HOSPITALIZATION IS REQUESTED

PLEASE FURNISH SERVICE CONNECTED DISABILITIES,  
IF ANY...APPROXIMATE DATE APPLICANT FIRST  
NOTICED THIS CONDITION

PRESENT SYMPTOMS

DIAGNOSIS OR FINDINGS

APPLICANT CLAIMS CONDITION TO BE SERVICE-CONNECTED BECAUSE

APPLICANT STATES HE RECEIVED HOSPITALIZATION OR TREATMENT DURING MILITARY SERVICE

DATE

PLACE

DATE

PLACE

SIGNATURE OF PERSON MAKING REQUEST

Marie Larson

TITLE

ELIGIBILITY CLERK

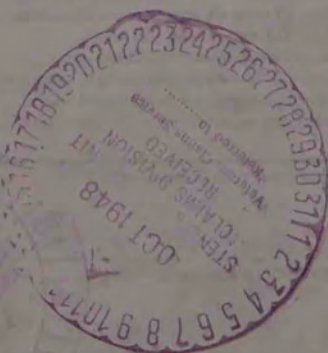
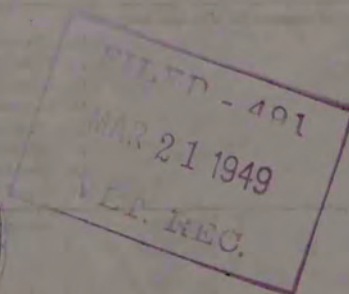
VA FORM 10-2731  
JAN 1947Supersedes VA Forms 505 Jul 1945 and previous editions, 3057, 10-505  
Jun 1946 Test Form, and 7615 Jun 1946 Test Form, which may NOT be used.

COPY MADE BY VA FROM A RECORD IN ITS POSSESSION



AWARD OR DISALLOWANCE SHEET				R. O. IDENT. NO.
<input type="checkbox"/> ORIGINAL AWARD		<input checked="" type="checkbox"/> AMENDED AWARD		<input type="checkbox"/> DISALLOWANCE
INSTRUCTIONS.—If stencil is not used to fill in information in caption, then fill in only those items which are unshaded.				
1. NAME <i>Clude C. McEntire</i>		2. DEGREE OF DISABILITY <i>80%</i>		3. DATE OF RATING 
ADDRESS <i>Sams</i>		4. CHECK APPLICABLE SERVICE(S) <input type="checkbox"/> WAR SERVICE <input type="checkbox"/> PEACE SERVICE <input type="checkbox"/> NONSERVICE		
CITY <i>Sams</i>		5. PAYEE IS ENTITLED TO <input type="checkbox"/> COMPENSATION <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> RETIRED		
STATE <i>Sams</i>		6. UNDER PROVISIONS OF ACT OF <i>P2, 73c</i>		
DATE OF CLAIM 		7. TYPE DISCHARGE <i>Army</i>		
TYPE <i>Sams</i>		8. ACTIVE DUTY DATE 		
DATE R. A. D. 		9. DATE OF BIRTH 		
PLACE OF BIRTH 		10. RANK 		
RACE 		11. SEX 		
AWARD DATA				
3. NAME OF DEPENDENT		RELATIONSHIP	DATE OF BIRTH OR MARRIAGE	DATE OF CLAIM
<i>Allie Coll</i>		<i>Wife</i>	<i>11-16-42</i>	<i>9-1-48</i>
4. PAYEE (If other than veteran, show name and address)		MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
		<i>127.20</i>	<i>9-1-48</i>	
			<i>Serv PO</i>	
5. REMARKS: <i>P877,80c</i>				
DISALLOWANCE DATA				
6. BASIS FOR DISALLOWANCE (Circle number of reasons for disallowance)				
2. Not a veteran of wartime service. 3. In receipt of active service or retirement pay. 4. Discharged under dishonorable conditions. 5. Less than <input type="checkbox"/> 70 <input type="checkbox"/> 90 days wartime service. 6. Disability incurred not in line of duty. 7. Claimant's failure to prosecute. 8. Result of own willful misconduct. 9. Disability not incurred in wartime service.		10. Disability not incurred in peacetime service. 11. Less than 10 percent or 0 percent disability. 12. Disability not permanent and total. 13. Income sufficient to bar entitlement. 14. Disability not shown at time of last examination. 15. Disability not shown by evidence of record. 16. Constitutional or developmental abnormality. 17. Other.		
SUBMITTED (Adjudicator)		DATE	APPROVED (Authorization officer)	DATE
<i>Carroll P. Whitehead</i>		<i>7/8/48</i>	<i>Abbie Taylor</i>	<i>10-8-48</i>
CONFIRMED (Adjudicator)		DATE	APPROVED (Authorization officer)	DATE
CONFIRMED (Adjudicator)		DATE	APPROVED (Authorization officer)	DATE
CONFIRMED (Adjudicator)		DATE	APPROVED (Authorization officer)	DATE









# VETERANS ADMINISTRATION

## AWARD OF DISABILITY PENSION OR COMPENSATION

10-8-48

File No.

TO: *Charles C. McIntire*

(b)(6)

(b)(6)

In accordance with *0577, 804*  
that by reason of your service in *military service*  
pension or compensation in the amount of \_\_\_\_\_ from  
on account of the reason(s) marked in parentheses below:

you are hereby notified  
you are awarded

- (X) *Disability incurred therein*  
( ) Being \_\_\_\_\_ % disabled  
( ) Having attained the age of \_\_\_\_\_ years  
( ) Being so nearly helpless or blind as to  
require regular aid and attendance

This award has been forwarded to the Director, Payees Accounts Service, for appropriate payment. Future payments are subject to the general conditions mentioned on the reverse side of this communication, to which your attention is directed. Upon the happening of any of the contingencies mentioned the Veterans Administration should be notified promptly. If you should change your present address, the Veterans Administration, Washington 25, D. C., must likewise be immediately notified.

If you have no further evidence to submit but have substantial reason to believe that the decision is not in accordance with the law and the facts in your case, you may appeal to the Administrator of Veterans Affairs at any time within one year from the date of this letter. If you wish to appeal, you should so inform this office, and you will be furnished with VA Form P-9 for that purpose.

All future communications with reference to your claim must bear the File Number as well as your full name and complete rank and organization.

Very truly yours,

*George E. Brown*

GEORGE E. BROWN,  
Director, Veterans' Claims Service

*chf*

127<sup>20</sup> from 7-1-48

FL 8-83  
Mar 1948

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



REVERSE

The following information is furnished as claim for additional compensation for dependents:

MARITAL STATUS OF VETERAN

1. ☐ SINGLE ☒ MARRIED ☐ DIVORCED ☐ WIDOWED

2. NUMBER OF TIMES YOU HAVE BEEN MARRIED 3

3. NUMBER OF TIMES YOUR PRESENT WIFE HAS BEEN MARRIED 2

4. FURNISH THE FOLLOWING INFORMATION REGARDING EACH OF YOUR MARRIAGES

DATE AND PLACE OF MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (Death, divorce)	DATE AND PLACE OF TERMINATION

5. DO YOU LIVE TOGETHER

☒ YES ☐ NO

6. IF "NO", STATE REASON AND GIVE WIFE'S PRESENT ADDRESS

In many States copies of marriage and birth certificates for use by the Veterans Administration may be obtained from the respective Bureaus of Vital Statistics free of charge, if the Bureau is informed at the time the application is made that the record is to be used in connection with a claim pending before the Veterans Administration.

7. LIST BELOW THE NAME OF EACH LIVING CHILD OF THE VETERAN WHO IS UNDER 18 YEARS OLD AND UNMARRIED OR OVER 18 AND UNDER 21, AND ATTENDING SCHOOL, OR ANY CHILD OF ANY AGE WHO IS INSANE, IDIOTIC, OR OTHERWISE PERMANENTLY HELPLESS.

NAME OF CHILD	DATE OF BIRTH (Month, Day, Year)	PLACE OF BIRTH	NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD

8. NAME OF VETERAN'S FATHER

DATE OF FATHER'S BIRTH

IS HE DEPENDENT ON YOU FOR SUPPORT

☐ YES ☐ NO

ADDRESS

PLACE OF FATHER'S BIRTH

9. NAME OF VETERAN'S MOTHER

DATE OF MOTHER'S BIRTH

IS SHE DEPENDENT ON YOU FOR SUPPORT

☐ YES ☐ NO

ADDRESS

PLACE OF MOTHER'S BIRTH

CERTIFICATION

I hereby certify that (CHECK ONE) ☐ I have read ☐ I have had read to me all questions and answers thereto embodied in this application; that answers to all above questions are true and complete to the best of my knowledge and belief; that all available information in support of this application is contained in the foregoing statements which are made as part thereof with full knowledge that I may be liable to fine up to \$1000 or imprisonment up to one year, or both, for making a false statement as to a material fact.

Sep. 25 - 1948  
DATE

Clide C. McIntire  
SIGNATURE OF CLAIMANT





VETERANS ADMINISTRATION  
WASHINGTON 25, D. C.

September 23, 1948

YOUR FILE REFERENCE:

IN REPLY REFER TO:

8ACCC

Mr. Clide C. McIntire

(b)(6)

(b)(6)

Dear Sir:

Public Law 877, 80th Congress, approved July 2, 1948, provides additional compensation on account of a wife, child or children, or dependent parent or parents, in cases of veterans having 60% or more service connected disability. If you wish to claim this additional compensation, you should fill out the reverse side of this form letter, sign and return it to this office.

You should name each dependent on whose account you are filing claim, and specify relationship to you. You should furnish proof of relationship of each of your dependents and in the case of a parent or parents, proof of dependency on you for support. If the evidence is received as to dependents of record, before December 1, 1948, the increased compensation for dependents will be effective September 1, 1948, otherwise, from the date of receipt of the evidence.

If you have previously furnished such proof of relationship to any office of the Veterans Administration, you should not duplicate the same but merely notify this office with return of this form letter. If you have a dependent or dependents regarding whom this proof has not been furnished, you should furnish proof now.

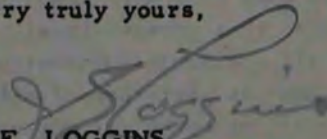
As to a wife, furnish a copy or abstract of public record, properly certified or attested, of your marriage to your present wife, or other best evidence of such marriage, also proof of dissolution by death or divorce of any prior marriage of yourself or spouse.

As to a child, furnish a copy or abstract of the public record of birth properly certified or attested, or other best evidence.

As to one or both parents, furnish affidavit sworn to by each setting forth, as to each, total income for the preceding 12 month period and the sources of such income; value of property, real (stating any encumbrances thereon) and personal, including money on deposit in bank; average monthly expenses for the preceding 12 months and purposes for which paid out; if expenses exceed income, the source of the additional sum; and whether any others are dependent upon him for support.

To establish relationship as to father or mother, furnish copy or abstract of public record of your own birth, properly certified or attested, or other best available proof.

Very truly yours,

  
J. E. LOGGINS  
Chief, Claims Division  
Veterans' Claims Service

An inquiry by or concerning an ex-service man or woman should, if possible, give veteran's name and file number, whether C, XC, K, N, or V. If such file number is unknown, service or serial number should be given.



San Francisco Calif  
Sep - 28 - 1948

Dear Sir,  
In reply to letter I received  
You will find all data  
To my wife and my  
marriage.

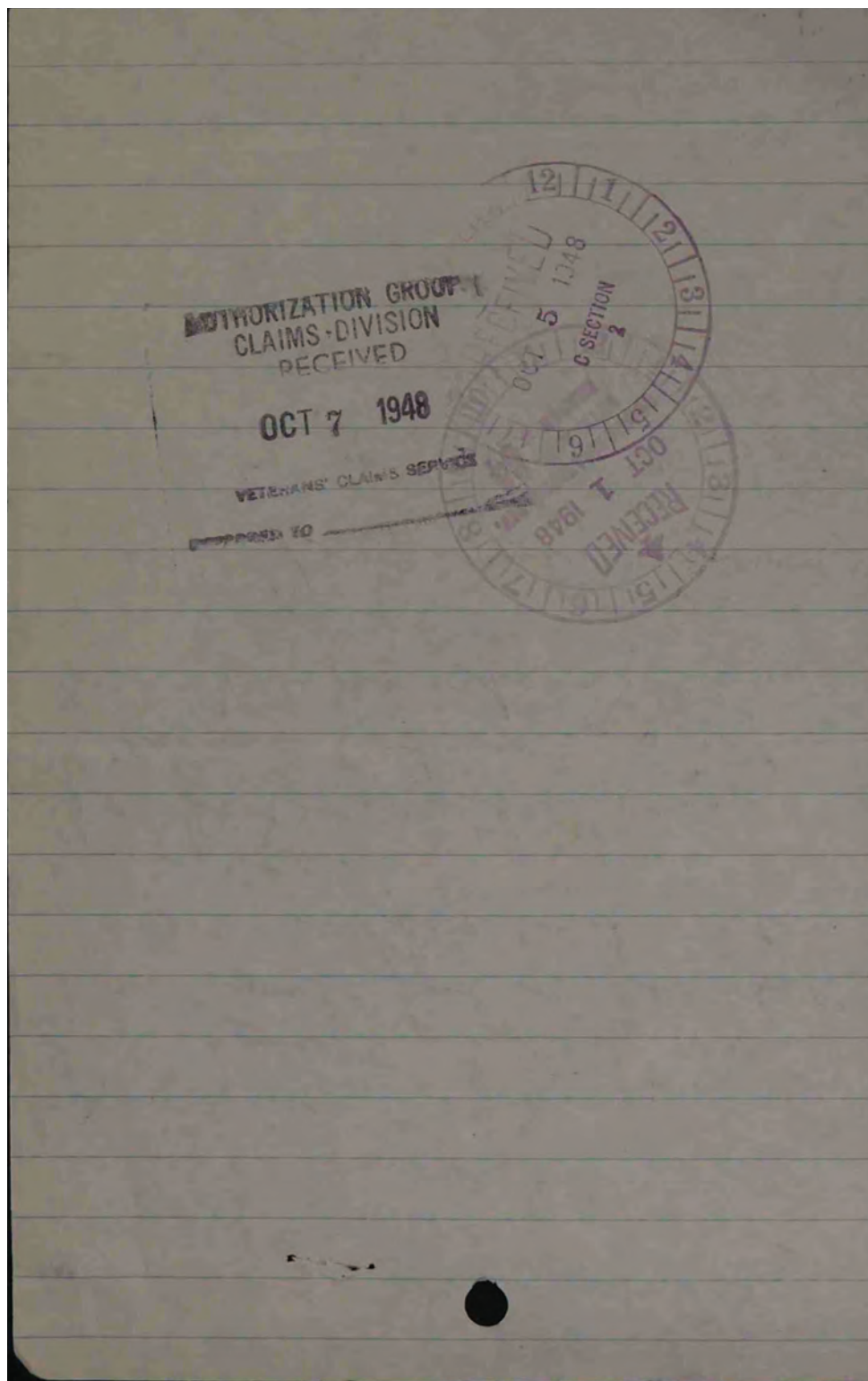
On file with The  
Veterans Administration  
In Washington D.C.

10/1/48  
me

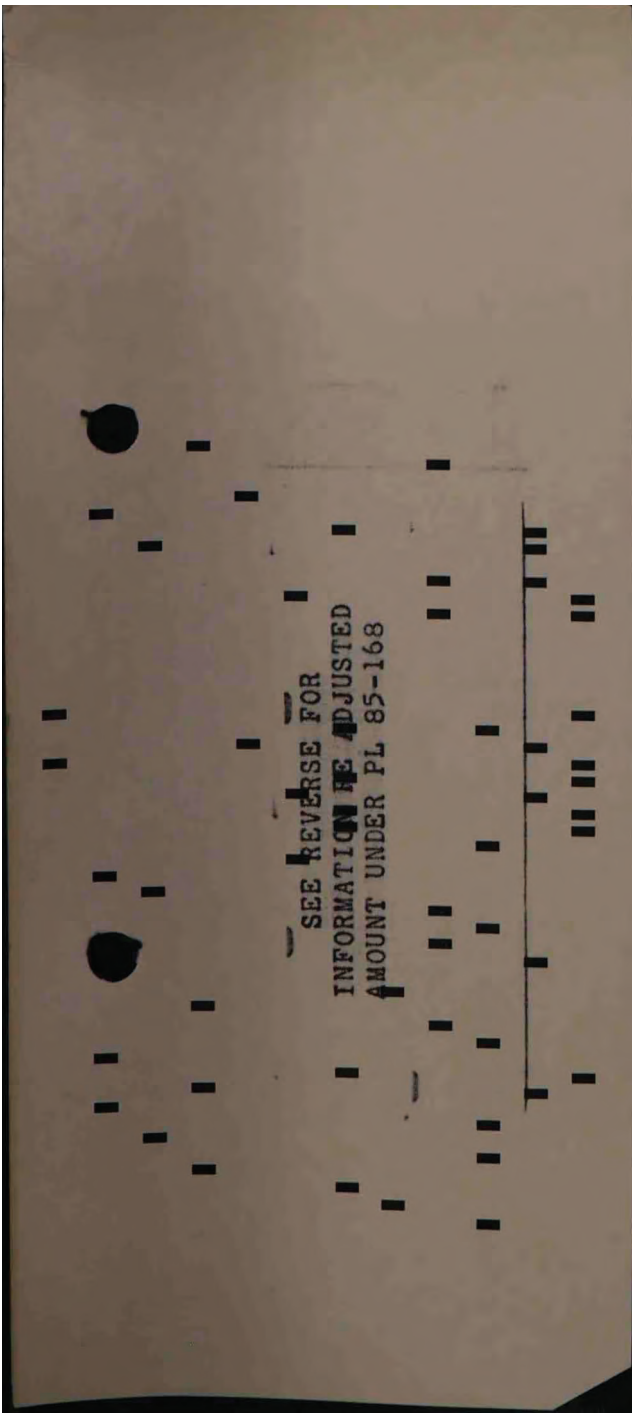
Very truly yours

Clide C. McIntire

(b)(6)











# AWARD OR DISALLOWANCE SHEET

R. O. IDENT. NO.

☐ ORIGINAL AWARD

☒ AMENDED AWARD

☐ INSTITUTIONAL AWARD

☐ DISALLOWANCE

INSTRUCTIONS.—If stencil is not used to fill in information in caption, then fill in only those items which are unshaded.

1. NAME <i>Clide C. McEntire</i>		2. DEGREE OF DISABILITY <i>80%</i>	CHECK APPLICABLE SERVICE(S) <input type="checkbox"/> WAR SERVICE <input type="checkbox"/> PEACE SERVICE <input type="checkbox"/> NONSERVICE	DATE OF RATING
ADDRESS <i>Sans</i>				
CITY <i>Sans</i>		PAYEE IS ENTITLED TO <input checked="" type="checkbox"/> COMPENSATION <input checked="" type="checkbox"/> PENSION <input type="checkbox"/> RETIRED		
STATE <i>Sans</i>		UNDER PROVISIONS OF ACT OF <i>P2, 73c</i>		
DATE OF CLAIM <i>Now</i>		<i>P277, 80c</i>		
TYPE DISCHARGE <i>Army</i>				
BRANCH OF SERVICE <i>Army</i>				
ACTIVE DUTY DATE				
DATE R. A. D.				
DATE OF BIRTH	PLACE OF BIRTH	RANK	RACE	SEX

## AWARD DATA

3. NAME OF DEPENDENT	RELATIONSHIP	DATE OF BIRTH OR MARRIAGE	DATE OF CLAIM	DATE PROOF RECEIVED
<i>Oliver Coll</i>	<i>Wife</i>	<i>11-16-42</i>	<i>9-1-48</i>	<i>9-1-48</i>
4. PAYEE (If other than veteran, show name and address)	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	
	<i>127.20</i>	<i>9-1-48</i>		
		<i>End P2</i>		

5. REMARKS:

*P277, 80c*

## DISALLOWANCE DATA

6. BASIS FOR DISALLOWANCE (Circle number of reasons for disallowance)

- |  |   |
|--|---|
| 2. Not a veteran of wartime service.   | 10. Disability not incurred in peacetime service.     |
| 3. In receipt of active service or retirement pay.   | 11. Less than 10 percent or 0 percent disability.     |
| 4. Discharged under dishonorable conditions.   | 12. Disability not permanent and total.               |
| 5. Less than <input type="checkbox"/> 70 <input type="checkbox"/> 90 days wartime service. | 13. Income sufficient to bar entitlement.             |
| 6. Disability incurred not in line of duty.  | 14. Disability not shown at time of last examination. |
| 7. Claimant's failure to prosecute.  | 15. Disability not shown by evidence of record.       |
| 8. Result of own willful misconduct.   | 16. Constitutional or developmental abnormality.      |
| 9. Disability not incurred in wartime service.   | 17. Other.  |

SUBMITTED (Adjudicator) <i>Carroll P. Whitehead</i>	DATE <i>9/1/48</i>	APPROVED (Authorization officer) <i>Alvin Taylor</i>	DATE <i>10-8-48</i>
CONFIRMED (Adjudicator)	DATE	APPROVED (Authorization officer) <i>H. 10276</i>	DATE <i>11-8-48</i>
CONFIRMED (Adjudicator)	DATE	APPROVED (Authorization officer)	DATE
CONFIRMED (Adjudicator)	DATE	APPROVED (Authorization officer)	DATE

VA FORM 8-553  
APR 1947

Replaces VA Forms 553, Sept. 1945; 553b, Sept. 1946; 553c, Jan. 1946; P-82, Aug. 1945; 8-82, Oct. 1946; and test Form 7609, June 1946, which may be used, EXCEPT FOR INITIAL CLAIMS IN REGIONAL OFFICES.

c6-16-52056-1 GPO

110-410

CLIDE C MC INTIRE

335 VERNON AVE  
VENICE

CALIF

RECORDED  
F I L E

JAN 25 1947

CLAIMS STATISTICS SERVICE

Per

(b)(6)

ADJ. 9-1-46  
PUB. 662  
79TH CONG.  
5B



September 23, 1948

8AC<sub>CC</sub>

Mr. Clyde C. McIntire

(b)(6)

(b)(6)

Dear Sir:

Public Law 877, 80th Congress, approved July 2, 1948, provides additional compensation on account of a wife, child or children, or dependent parent or parents, in cases of veterans having 60% or more service connected disability. If you wish to claim this additional compensation, you should fill out the reverse side of this form letter, sign and return it to this office.

You should name each dependent on whose account you are filing claim, and specify relationship to you. You should furnish proof of relationship of each of your dependents and in the case of a parent or parents, proof of dependency on you for support. If the evidence is received as to dependents of record, before December 1, 1948, the increased compensation for dependents will be effective September 1, 1948, otherwise, from the date of receipt of the evidence.

If you have previously furnished such proof of relationship to any office of the Veterans Administration, you should not duplicate the same but merely notify this office with return of this form letter. If you have a dependent or dependents regarding whom this proof has not been furnished, you should furnish proof now.

As to a wife, furnish a copy or abstract of public record, properly certified or attested, of your marriage to your present wife, or other best evidence of such marriage, also proof of dissolution by death or divorce of any prior marriage of yourself or spouse.

As to a child, furnish a copy or abstract of the public record of birth properly certified or attested, or other best evidence.

As to one or both parents, furnish affidavit sworn to by each setting forth, as to each, total income for the preceding 12 month period and the sources of such income; value of property, real (stating any encumbrances thereon) and personal, including money on deposit in bank; average monthly expenses for the preceding 12 months and purposes for which paid out; if expenses exceed income, the source of the additional sum; and whether any others are dependent upon him for support.

To establish relationship as to father or mother, furnish copy or abstract of public record of your own birth, properly certified or attested, or other best available proof.

Very truly yours,

**C.O. CASE**

J. E. LOGGINS  
Chief, Claims Division  
Veterans' Claims Service



REVERSE

The following information is furnished as claim for additional compensation for dependents:

MARITAL STATUS OF VETERAN

1. <input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED	2. NUMBER OF TIMES YOU HAVE BEEN MARRIED	3. NUMBER OF TIMES YOUR PRESENT WIFE HAS BEEN MARRIED
--	--	---

4. FURNISH THE FOLLOWING INFORMATION REGARDING EACH OF YOUR MARRIAGES

DATE AND PLACE OF MARRIAGE	TO WHOM MARRIED	HOW MARRIAGE TERMINATED (Death, divorce)	DATE AND PLACE OF TERMINATION

5. DO YOU LIVE TOGETHER <input type="checkbox"/> YES <input type="checkbox"/> NO	6. IF "NO", STATE REASON AND GIVE WIFE'S PRESENT ADDRESS
---	--

In many States copies of marriage and birth certificates for use by the Veterans Administration may be obtained from the respective Bureaus of Vital Statistics free of charge, if the Bureau is informed at the time the application is made that the record is to be used in connection with a claim pending before the Veterans Administration.

7. LIST BELOW THE NAME OF EACH LIVING CHILD OF THE VETERAN WHO IS UNDER 18 YEARS OLD AND UNMARRIED OR OVER 18 AND UNDER 21, AND ATTENDING SCHOOL, OR ANY CHILD OF ANY AGE WHO IS INSANE, IDIOTIC, OR OTHERWISE PERMANENTLY HELPLESS.

NAME OF CHILD	DATE OF BIRTH (Month, Day, Year)	PLACE OF BIRTH	NAME AND ADDRESS OF PERSON HAVING CUSTODY OF CHILD

8. NAME OF VETERAN'S FATHER	DATE OF FATHER'S BIRTH	IS HE DEPENDENT ON YOU FOR SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PLACE OF FATHER'S BIRTH	
9. NAME OF VETERAN'S MOTHER	DATE OF MOTHER'S BIRTH	IS SHE DEPENDENT ON YOU FOR SUPPORT <input type="checkbox"/> YES <input type="checkbox"/> NO
ADDRESS	PLACE OF MOTHER'S BIRTH	

CERTIFICATION

I hereby certify that (CHECK ONE) ☐ I have read ☐ I have had read to me all questions and answers thereto embodied in this application; that answers to all above questions are true and complete to the best of my knowledge and belief; that all available information in support of this application is contained in the foregoing statements which are made as part thereof with full knowledge that I may be liable to fine up to \$1000 or imprisonment up to one year, or both, for making a false statement as to a material fact.

DATE

SIGNATURE OF CLAIMANT



MC

(b)(6)  
C.N.

NAME MC INTIRE, Clide C.

Address

The records checked below are transferred for the reason FOR YOUR ATTENTION: Spanish American War Veteran.

FROM Los Angeles 25, Calif. TO Director, Central Office, Wash. 25, D.C.

Adj. Comp. Folder A-No.	Duplicate Papers
Allot. & Allow. A&A No.	Facility Corres. File
Term Ins. Folder T-No.	Guardianship Folder
K-Ins. Folder K-No.	2 Med. <del>XXXX</del> Folder Form 2593.
C. O. Dummy with Ins. File	Secondary Folder
Cert. of Recognition	Section 202(10) File
Clinical Records	Trial File
Domiciliary Folder	Rehabilitation Folder
	Photostats
	A. G. O. Form 3101
Records checked RECEIVED	Records checked FORWARDED
	1/8 197
	ORVAL A. KOPF-Chief Adm. Div.
	(Signature of Transferring Officer)

(Signature of Receiving Officer)

Veterans Administration

V A Form 3-3029-Receipt for Transferred Miscellaneous Records

Feb. 1946





MOINTIRE, CLIDE C. NSC HOSP BALT 6047 - d (b)(6) ap 6008  
(Last first, middle name of veteran) (Class of benefit) (War) 2-9-46 (Register No.)

Institution (b)(6) (Date of admission)

Permanent address of patient (b)(6) (City) Birthplace K State, S

Sex Male Date of birth 8/21/78 (City) \*Marital status Corp. Co. A. 44th Inf.

Date of most recent military service 6/6/99 - 6/6/100 (Year) Last rank and organization

Admitted by Vet. Adm.: f (Fac.) (Office) L.A. 25, California for f (Hospital treatment) (Domiciliary care)

(Observation and examination).

GMS	DIAGNOSIS (Name in order of severity and importance)	Diag. No.	SERVICE ORIGIN		TREATED		Result of Treatment (Condition, if untreated)
			Yes	No	Yes	No	
1	AURICULAR FIBRILLATION WITH ASCITIS	0172		X	X	Improved	
2	(Most important condition for which hospitalized at this time)						
3							
4	1. INDEX						
5	2. TRANSFER OUT						
Complications. 1							
Sequela, etc. 2							
Operations During This Hospitalization							
1							
2							
Disposition							
Reason for disposition DISCHARGED Date of disposition 12-21-46 Actual Number of Days in Hospital 12							
Cause of death { Direct Indirect							
JAN for married, W for widower, D for divorced, S for single, (Signature and title of preparing officer)							
Administrative Officer							
RECORD OF HOSPITALIZATION OR DOMICILIARY CARE							

VETERANS ADMINISTRATION - Medical Form 2593 - Rev. Nov. 1933 15-579

Remarks: \_\_\_\_\_

**LEAVES OF ABSENCE AND TRIAL VISITS**

Date Began	No. Days Granted	Date Returned	No. Days Absent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient)

15-579



COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

McINTIRE, Clyde C.		NSC HOSP R&PR 6047 - d		WW Span. Amer.		(b)(6)		VAR-6008	
(Last, first, middle name of veteran)		(Class of benef.)		(War)		(C-No.)		(Register No.)	
Institution		(Date of admission)							
Permanent address of patient		(b)(6)							
Sex		Race		Date of birth		*Marital status		Birthplace	
				9/21/73				Kansas	
Date of most recent military service		9/6/99 - 6/30/01		Last rank and organization		Corp. Co. A. 44th INF.			
Admitted by Vet. Adm.:		† (Office)		L.A. 25, California		for † (Hospital treatment)		(Domiciliary care)	
				(Location)					
<b>GMS</b> DIAGNOSIS (Name in order of severity and importance)									
Auricular fibrillation with ascitis				Diag. No.		SERVICE ORIGIN		TREATED	
				0173		Yes No		Yes No	
1 (Most important condition for which hospitalized at this time)									
2									
3									
4									
5									
Complications, 1									
Sequels, etc., 2									
Operations During This Hospitalization				Oper. No.		Inj. or Dis. for which Oper.		Date of Operation	
1								Anesthetic	
2								Result	
Disposition				Date of disposition				Actual Number of Days in Hospital	
Reason for disposition				ADMISSION					
Cause of death				Direct					
				Indirect					
cc *M for married, W for widower, D for divorced, S for single.									
† Delete inapplicable clause.									
White card to Central Office; red to station having case file; retain green card.									
A. M. GULLEDGE, LCDR (MC) USN									
Administrative Officer									
(Signature and title of preparing officer)									
VETERANS ADMINISTRATION—Medical Form 2593—Rev. Nov. 1938 15-579 RECORD OF HOSPITALIZATION OR DOMICILIARY CARE									

Remarks: .....

**LEAVES OF ABSENCE AND TRIAL VISITS**

Date Began	No. Days Granted	Date Returned	No. Days Absent
1			
2			
3			
4			
6			
7			
8			
9			
10			
11			

**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date .....

(Signature of patient)

15-579



NR  
12/16/46

December 6, 1946

Veterans Administration  
Regional Office  
1380 Sepulveda Blvd.  
Los Angeles 25, Calif.

Mr. Clide C. McIntire

(b)(6)

2 360 708

44-10BAHmg

U. S. Naval Hospital

E. 7th St., Long Beach, Calif.

Hospital Care

If you do not report within 10 days  
your application will be cancelled.

FILED

R&PR 6047 d NSC Sp. Am.

DEC 16 1946

0172--with ascites GMS

BY \_\_\_\_\_

From Home

L.S.3670100.007 S&E VA 1947 Auth: R&PR 6100 (A)2

X

RETURN TRANSP. ISSUED

1 bus ticket (b)(6) \$1.25

2 BCTS .10

FILED  
DEC 13 1946





DEC 18 1946



SUPPLEMENTAL AWARD

DISABILITY—DEATH

WARTIME—PEACETIME—NON-SERVICE-CONNECTED

C-No. \_\_\_\_\_

(b)(6)

Name of War \_\_\_\_\_

NAME OF VETERAN \_\_\_\_\_

McINTIRE, CLIDE C.

(Last)

(First)

(Middle)

(Serial or service number)

(Branch of service)

NAME OF PAYEE \_\_\_\_\_

(Last)

(First)

(Middle)

ADDRESS \_\_\_\_\_

(Street)

(City)

(Zone)

(State)

Reason for amendment \_\_\_\_\_

Review P662-79C

The PAYEE is entitled to the following award of \*

Compensation  
Pension  
Retirement pay  
Subsistence allowance

under the provisions of:

P2-7-3 Caa  
P662-79C

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
80%	110.40	9-1-46				READY FOR FILE	
		RECEIVED CONTROL UNIT ATTENTION SECT. 11				APR 10 1947	
		SEP 21 1948				PAYEE'S ACCTS. SERVICE VETS. ACCTS. DIV. SP. AMER. ACCTS. SEC.	
		CLAIMS DIVISION VETERANS CLAIMS SERVICE REFERRED TO:				PER [Signature]	

Submitted \_\_\_\_\_

11-5

, 19

46

Approved \_\_\_\_\_

11-5

, 19

46

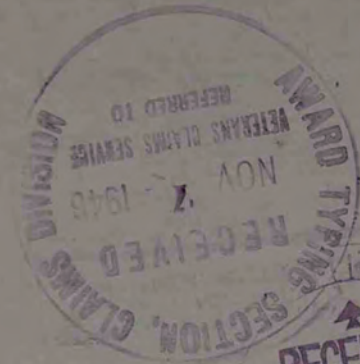
Adjudicator.

[Signature]  
G. F. Smith

Authorization Officer—Attorney Reviewer.

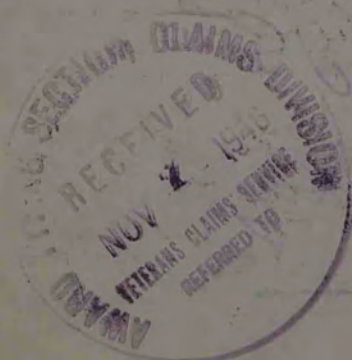
\*Delete inapplicable words.













RECHARGE SLIP

To C & R

File 7034354 Date \_\_\_\_\_

Subject Kenneth H. Parton

Charged to alg

Is transferred to Rehab

Date JUL 24 1946 By W. R. French

~~Mr~~ INTIRE, Clide Cliftord

Aug 1, 1946

(b)(6)

Mat'l fwd. as our records indicate case file  
located in your office.

Form 2593

DIRECTOR  
ADMINISTRATIVE SERVICE  
VETERANS ADMINISTRATION  
CENTRAL OFFICE  
WASHINGTON 25, D.C.



JUN 18 1946

4ADC

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

War with Spain

Dear Sir:

Reference is made to a communication from this Administration dated April 23, 1946 in connection with an overpayment of \$40.80 on your pension account as of February 28, 1946.

It was later determined you were entitled to pension at the rate of \$92 monthly from February 14, 1946 therefore, the overpayment no longer exists.

Your account has been adjusted at the rate of \$92 monthly from March 1, 1946 through April 30, 1946 and check No. 39,026,627 for \$184 dated May 27, 1946 was forwarded to you. Check No. 27,425,031 for \$92 dated May 31, 1946 represented pension due for May.

Subsequent payments will be authorized at \$92 monthly provided the status of your case remains unchanged.

Very truly yours,

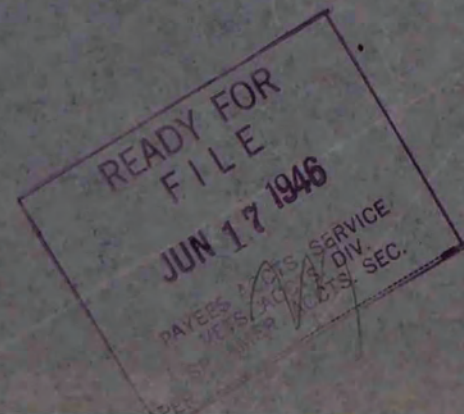
*L. J. Johnston*

L. J. JOHNSTON,  
Director, Payees Accounts Service.

6-13-46

ABH/mwa

ABH



IDENTIFICATION AND DATA SLIP

PAYEE Clude C. McIntire

(b)(6)

Number assigned

Ins.

War

Rate, \$

92

Code classification

5B

Date

Clerk

GPO 16-42768-1

DATA FOR CORRESPONDENCE OR DISPOSITION

(Use reverse side if additional space is necessary)

(Must be initialed and dated by clerk supplying data)

aa 3-19-46 awarded 20-2-14-46 -  
ent 1/11 Los Angeles Calif 2-14-46  
3-31-46 ch #92 cancelled.  
aa 5-13-46 awarded 92 fr. 2-14-46. Married  
status est.  
blue 92 fr. 3-1-46 to 4-30-46 = 184.00  
pd #92 on 5-31-46 2nd steps.  
sent to above

READY FOR  
FILE

JUN 17 1946

PAYEE'S ACCTS. SERVICE  
VETS. ACCTS. DIV.  
SP. AMER. ACCTS. SEC.  
PER Hally  
6-7-46





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

(b)(6)

(b)(6)

SPECIAL ATTENTION  
EXPEDITE ACTION

Mr. George E. Brown

Dear Sir.

Received your letter of May 15-46  
stating my claim was  
being adjusted.  
I received check for \$92 for  
month of Feb. On the last  
day of Feb. While I was in  
The hospital. I Rec. no check  
for 3 months Mar. April and May.  
On the first day of June.  
I Rec. a check for \$184<sup>00</sup>  
which is 2 months pay.  
in place of 3 months. that  
I should have had coming.

Respectfully.

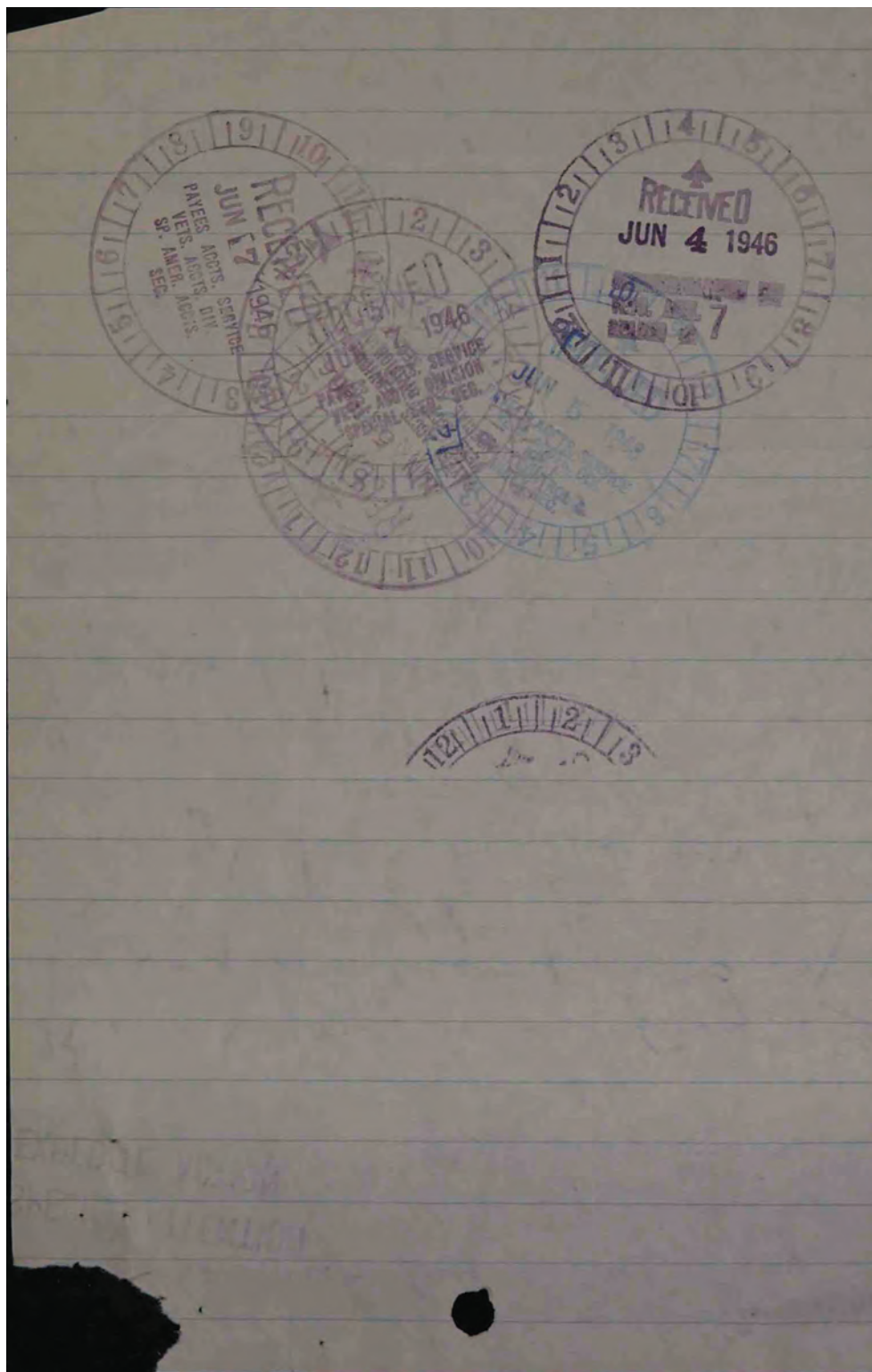
Clide C. McIntire

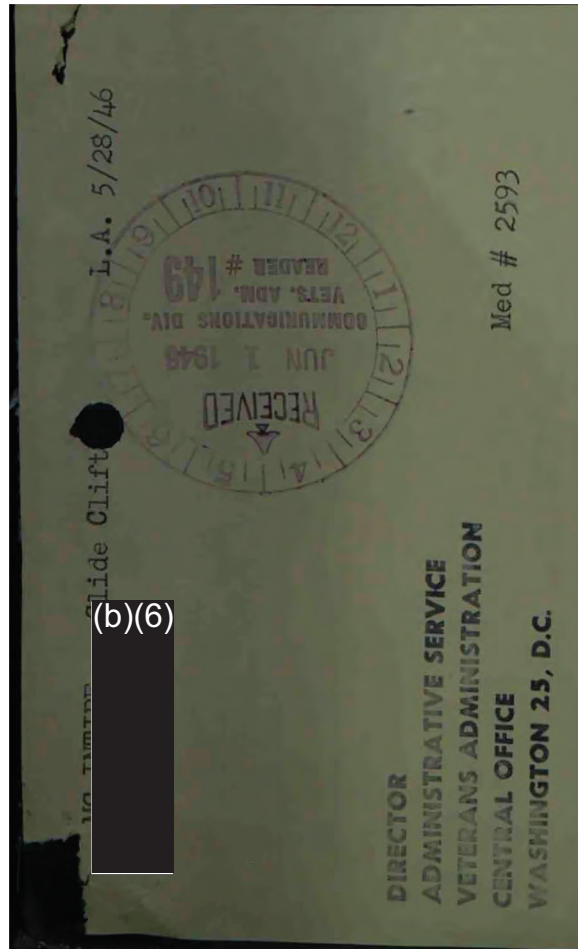
(b)(6)

5B.2

6/6/46 JST









RECHARGE SLIP

To [REDACTED]

File [REDACTED] Date \_\_\_\_\_

Subject CC Clammen

Charged to Adj.

Is transferred to Reber

Date 5-29-54 By Morton

VETERANS ADMINISTRATION—Form 7203—Rev. Mar., 1927  
U. S. GOVERNMENT PRINTING OFFICE 15-402

OVERPAYMENT NOTICE

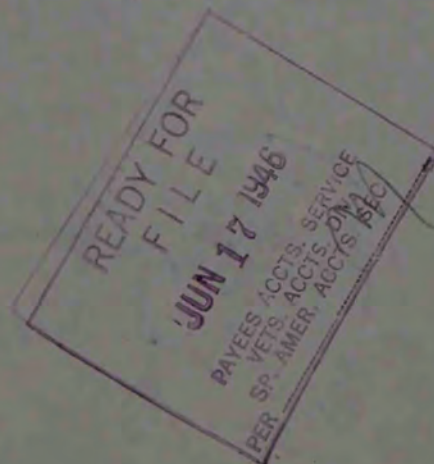
FROM: Payees Accounts ~~Division~~ **Service** Date APR 23 1946  
TO: Committee on Waivers and Forfeitures **4 ADC**  
SUBJECT: Submission for consideration under Title 38,  
Section 33, U. S. Code.  
Person Overpaid: **Clide C. McIntire** C- **(b)(6)**  
Amount of Overpayment: **\$40.80** I-  
Cause of Overpayment: **Hospitalization** R-  
Soldier's Name: **McINTIRE, Clide C.** War with Spain

EXPLANATION OF OVERPAYMENT

An amended award approved March 19, 1946 authorized pension in the above-cited case at the rate of \$20 monthly from February 14, 1946.

Payment was continued to the veteran at the rate of \$92 monthly for the entire month of February resulting in an overpayment of \$40.80.

The veteran has been advised of the overpayment on his account by Finance Form 1143 as of even date.



Veterans Administration  
Finance Form 1042  
Rev. Jan. 1934

L. J. JOHNSTON,  
Chief, Payees Accounts Division  
Director, Payees Accounts Service.





RECEIVED



VA FORM 3230  
NOV 1945

VETERANS ADMINISTRATION

## REFERENCE SLIP

TO THE FOLLOWING IN ORDER INDICATED

	NAME OR TITLE	ORGANIZATION	BLDG. AND ROOM NO.	INITIALS
1.	Miss Hukelma			DATE
2.				INITIALS
				DATE
3.				INITIALS
				DATE
4.				INITIALS
				DATE

<input type="checkbox"/> APPROVAL	<input type="checkbox"/> PREPARE REPLY
<input type="checkbox"/> NECESSARY ACTION	<input type="checkbox"/> NOTE AND FILE
<input type="checkbox"/> RECOMMENDATION	<input type="checkbox"/> NOTE AND RETURN
<input type="checkbox"/> RECOMMEND SIGNATURE	<input type="checkbox"/> INFORMATION

REMARKS:

FROM

CENTRAL COMMITTEE  
ON WAIVERS AND FORFEITURES  
(NAME AND ORGANIZATION)

DATE

PHONE

(BUILDING AND ROOM NUMBER)

U. S. GOVERNMENT PRINTING OFFICE 16-46611-1







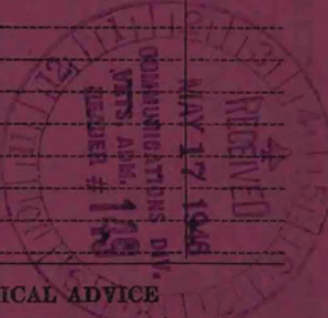


Remarks: \_\_\_\_\_



LEAVES OF ABSENCE AND TRIAL VISITS

Date Began	No. Days Granted	Date Returned	No. Days Absent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			



DISCHARGED CONTRARY TO MEDICAL ADVICE

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient)

15-579





Remarks: \_\_\_\_\_

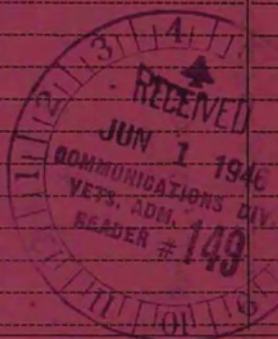
**PROSTHETIC APPLI ANCE RECORD**

**Apr. 23, 1946**    **Special oversize abdominal belt \$25.00**



**LEAVES OF ABSENCE AND TRIAL VISITS**

Date Began	No. Days Granted	Date Returned	No. Days Absent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			



**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient)

15-579

SUPPLEMENTAL AWARD

DISABILITY—~~DEATH~~

WARTIME—~~PEACETIME~~—NON-SERVICE-CONNECTED

C-No.

(b)(6)

NAME OF VETERAN

*McIntire Clide C.*

(Last) (First) (Middle)

Name of War

*None*

(Serial or service number)

(Branch of service)

NAME OF PAYEE

*Same*

(Last) (First) (Middle)

ADDRESS

*Same*

(Street)

(City)

(Zone)

(State)

Reason for amendment

*Married - satisfactorily estab.*

*4-29-46. Hosp VA Los Angeles Calif 2-14-46.*

*- dep. wife. Dehosp 4-25-46.*

*R+PR 1256 (B)*

The PAYEE is entitled to the following award of \*

Compensation  
Pension  
Retirement pay  
Subsistence allowance

*P2-73 C a a. P469-78C*  
under the provisions of:

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>80%</i>	<i>\$92-</i>	<i>2-14-46</i>					
<i>Less P.B.</i>							

Submitted

*5-10-46*

Approved

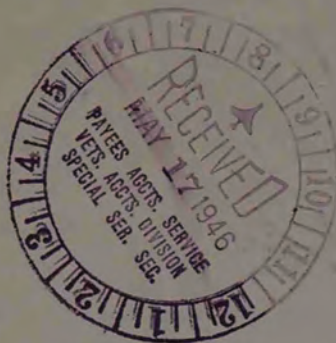
*5-13-46*

*Hackerman*  
*Dr. H. H. Ham*  
Adjudicator.

Authorization Officer—Attorney Reviewer.

\*Delete inapplicable words.





SUPPLEMENTAL AWARD

DISABILITY—~~DEATH~~

WARTIME—~~PEACETIME~~—NON-SERVICE-CONNECTED

C-No.

(b)(6)

NAME OF VETERAN

*McIntire Clide C.*

(Last)

(First)

(Middle)

Name of War

(Serial or service number)

(Branch of service)

NAME OF PAYEE

(Last)

(First)

(Middle)

ADDRESS

(Street)

(City)

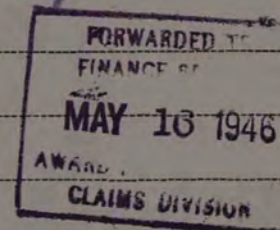
(Zone)

(State)

Reason for amendment

*Married - satisfactorily estab.  
4-29-46. Hosp VA Los Angeles Calif 2-14-46.  
- dep. wife. Disch 4-25-46.*

*R&P 1256 (13)*



The PAYEE is entitled to the following award of \*

~~Compensation~~

Pension

~~Retirement pay~~

~~Subsistence allowance~~

*P2-73 C a.a. P469-78C*  
under the provisions of:

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>80%</i>	<i>\$92-</i>	<i>2-14-46</i>					
<i>Less PP</i>							

Submitted

*5 10 46*

Approved

*5 13 46*

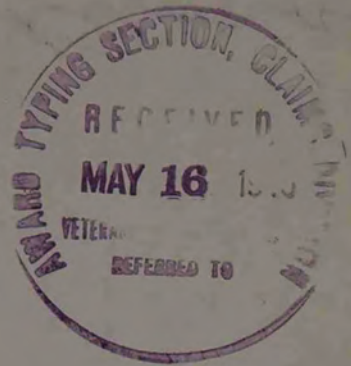
*Hackerman*  
*on 11/11/46*  
Adjudicator.

Authorization Officer—Attorney Reviewer.

\*Delete inapplicable words.

*R-5-17-46*





May 15, 1946

8ACCC

Mr. Glide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

This is in reference to your compensation claim.

Receipt is acknowledged of a certified copy of public record of death of George Coll, and this evidence has been made a permanent part of the records in your claim. The validity of your present marriage has been established for pension purposes, and you are therefore entitled to the full amount of pension during periods of hospitalization. You are therefore entitled to monthly pension of \$92 for your eighty per centum disability incurred in or aggravated by your service from February 14, 1946, less prior payments made. Your account is being adjusted accordingly.

Respectfully,

*Ham*

GEORGE E. BROWN,  
Director, Veterans' Claims Service

*HA*

HA-bvr



DUPLICATE

Name McINTIRE, Clide Clifton

File No. C

(b)(6)

STATEMENT REGARDING DEPENDENTS OF PERSONS RECEIVING  
HOSPITAL TREATMENT, INSTITUTIONAL, OR DOMICILIARY CARE

1. Are you single, married, widowed, or divorced? Married
2. Have you a child or children? No If so, give age of youngest child  
(Yes or no)
3. Have you a mother or father dependent upon you for support? No
4. Are you in receipt of compensation, pension, or emergency officers' retirement pay? Yes  
(Yes or no)
5. If so, state which Pension Monthly amount, \$ 22.00  
and Veterans Administration office having custody of your case file Washington, D. C.
6. My service in the armed forces of the United States was as Cpl. Co. A. 44th US Vol Inf.  
(Rank)

(Organization)

(Serial No.)

(State war, expedition, or peacetime service)

Born Aug. 21, 1878

Enl. Sept. 6, 1899

Dis. June 30, 1901

I HEREBY CERTIFY that answers to all questions are true and complete to the best of my knowledge and belief; and that the foregoing statements are made with full knowledge of the penalty provided for making a false statement as to a material fact in connection with a claim for any of the benefits mentioned in item 4 hereof.

(Signature of claimant)

SUBSCRIBED AND SWORN TO before me this 14th day of February, 1946

by Clide C. McIntire, affiant, to whom the statements herein were fully made known and explained.

[SEAL]

(Notary public or Veterans Administration employee designated to administer oaths, etc.)

I CERTIFY THAT the affiant named above:

- (a) Entered this institution on the 14th day of February, 1946
- (b) Was discharged from this institution on the 25th day of Apr., 1946
- (c) Class of discharge from the institution MHB
- (d) Notice of reduction was (not) received.

4-27-46  
alb

(Officer in charge)

(Name of institution)

(Address of institution)

(SEE INSTRUCTIONS—OVER)

15-787



## IMPORTANT INSTRUCTIONS

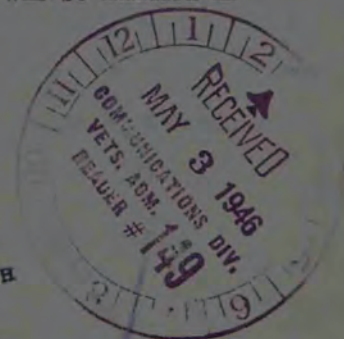
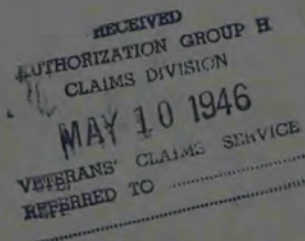
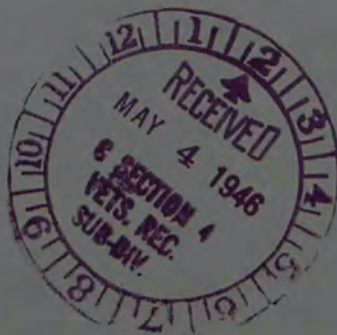
This form will be prepared in triplicate. The original, signed by the claimant and showing date of admission, will be dispatched within twenty-four (24) hours of admission:

1. To the office of the Veterans Administration having custody of the claimant's case file as indicated on the form.
2. If not disposed of under No. 1, then:
  - (a) To the office of the Veterans Administration having jurisdiction of the territory in which is located the admitting institution, if claimant is a World War veteran;
  - (b) To Central Office in all other cases.
3. When a claimant is discharged or furloughed for a period of thirty (30) days or more the officer in charge will fill in items (b), (c), and (d) of his certification on the first retained copy and dispatch as above indicated within twenty-four (24) hours of discharge or furlough.
4. The second copy will be retained by the admitting institution and, to insure a complete record of admission and discharge, item (a) of the certification of the officer in charge should be filled in when notice of admission is dispatched, and items (b), (c), and (d) of the certification when notice of discharge or furlough for a period of thirty (30) days or more is dispatched.

NOTE.—In the event the claimant is unable, because of his physical or mental condition, to execute this form upon admission to the institution, it will be executed by the chief officer of the institution. In these instances the information will be obtained from Veterans Administration Form P-10, if of record.

Upon receipt by the Veterans Administration office these forms will be handled in accordance with R. & P. 1274 to 1284.

16-737





Walter, Clyde Clift  
Institution VA Center, Los Angeles, Calif.  
Permanent address of patient 355 Vernon Avenue, Venice, Calif.  
Sex M Race Wht Date of birth Aug. 21, 1878 Marital status M Birthplace Kansas  
Date of most recent military service 9-8-1922/Jun 30, 1901 1st rank and organization Cpl Co. A 44th US Vol. Inf.  
Admitted by Vet. Adm.: † (Fac.) (Office) Los Angeles, Calif. for † (Hospital treatment) (Domiciliary care)  
(Observation and examination). Col. Colebaugh CF-Washington

DIAGNOSIS (Name in order of severity and importance)	Diag. No.	SERVICE ORIGIN		TREATED		Result of Treatment (Condition, if untreated)
		Yes	No	Yes	No	
1 Adhesions, pericholecystitis	0050		x	x		Improved
2 Hernia, ventral, p.o.	0758		x	x		"
3 Hernia, umbilical	0735		x	x		"
4 Arthritis, chr. multiple	0139	x			x	Unchanged
5 Heart Disease: a. Arteriosclerosis (b)	411 410	x			x	"
6 Myocardial damage a. Anginal syndrome						
7 Class 1						

Obesity	Operations During This Hospitalization	Oper. No.	Indication for which Oper.	Date of Operation	Result
1					
2					

Disposition Discharged Date of disposition Apr. 25, 1946  
Reason for disposition MRR  
Cause of death Direct Indirect  
Supplemental: To show addition of Prosthetic appliance record on reverse

\* M for married, W for widower, D for divorced, S for single.  
† Delete inapplicable clause.  
• White card to Central Office; red to station having case file; retain green card.  
Supplemental Acting Clinical Director

Remarks: \_\_\_\_\_



**LEAVES OF ABSENCE AND TRIAL VISITS**

	Date Began	No. Days Granted	Date Returned	No. Days Absent
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
11				

**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient) \_\_\_\_\_

15-579

U. S. GOVERNMENT PRINTING OFFICE



(Last, first, middle name of veteran) **WILLIAM CLARK MASON** (Class of benef.) **REG. NO. 1. 1-6047(D)** (War) **(b)(6)**  
 Institution **VA Hospital, Los Angeles, California** (Name and address) (Date of admission)  
 Permanent address of patient **335 Vernon Avenue, Venice, California** (Street) (City) (County) (State)  
 Sex **Male** Race **White** Date of birth **Aug. 27, 1878** (Month, day, year) \*Marital status **M** Birthplace **Kansas**  
 of most recent military service **9-6-1899 Aug. 30, 1901** Last rank and organization **Cpl. Co. A 14th US Vol. Inf.**  
 Admitted by Vet. Adm.: **† (Fac.) (Office) VA, Los Angeles, California** for **† (Hospital treatment) (Domiciliary care)**  
 (Observation and examination) **Col. Colebaugh** **OF Washington**

DIAGNOSIS (Name in order of severity and importance)	Diag. No.	SERVICE ORIGIN		TREATED		Result of Treatment (Condition, if untreated)
		Yes	No	Yes	No	
1. <b>Adhesions, pericholecystitis</b> (Most important condition for which hospitalized at this time)	<b>0050</b>		<b>X</b>	<b>X</b>		<b>Improved</b>
2. <b>Hernia, ventral, P.O.</b>	<b>0738</b>		<b>X</b>	<b>X</b>		<b>Improved</b>
3. <b>Hernia, umbilical</b>	<b>0735</b>		<b>X</b>	<b>X</b>		<b>Improved</b>
4. <b>Arthritis, chronic, multiple</b>	<b>0139</b>	<b>X</b>			<b>X</b>	<b>Unchanged</b>
5. <b>Heart Disease: a. Arteriosclerosis</b>	<b>411410</b>	<b>X</b>	<b>X</b>		<b>X</b>	<b>"</b>
Complications: <b>b. Myocardial damage c. Anginal syndrome</b>						
Sequels: <b>d. Class I</b>						

Operations During This Hospitalization	Oper. No.	Inj. or Dis. for which Oper.	Date of Operation	Anesthetic	Result
1. <b>Gastric</b>		<b>1100</b>	<b>X</b>	<b>X</b>	<b>Improved</b>
2.					

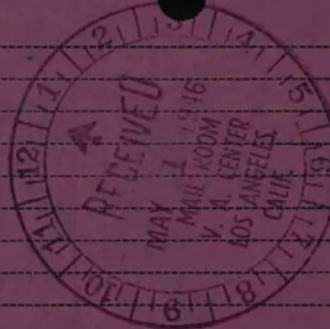
Disposition **Discharged** Date of disposition **April 23, 1944** Actual Number of Days in Hospital **69**  
 Reason for disposition **M.H.B.**  
 Cause of death { Direct \_\_\_\_\_ Indirect \_\_\_\_\_

\* M for married, W for widower, D for divorced, S for single.  
 † Delete inapplicable clause.  
 White card to Central Office; red to station having case file; retain green card.

Completed **J. H. McChell** (Signature and title of preparing officer)

VETERANS ADMINISTRATION—Medical Form 2593—Rev. Nov. 1933 15-579 RECORD OF HOSPITALIZATION OR DOMICILIARY CARE

Remarks: \_\_\_\_\_



LEAVES OF ABSENCE AND TRIAL VISITS

Date Began	No. Days Granted	Date Returned	No. Days Absent
1. 4-6-46		4-7-46	1
2.			
3.			
4.			
6.			
7.			
8.			
9.			
10.			
11.			

DISCHARGED CONTRARY TO MEDICAL ADVICE

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient) \_\_\_\_\_

25-672

U. S. GOVERNMENT PRINTING OFFICE





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

DEPARTMENT OF HEALTH

Nº 46171

City of Los Angeles

Division of Vital Statistics

Certified Copy of Local Record

This is to Certify that the attached is a full, true and correct  
copy of the certificate of Death  
of Roll, George which  
is on file in this office and of which I am the legal custodian.

IN TESTIMONY WHEREOF, witness my hand and seal of office, at Los  
Angeles, California, this 14 day of April, 19 46

George M. Hill, M.D.

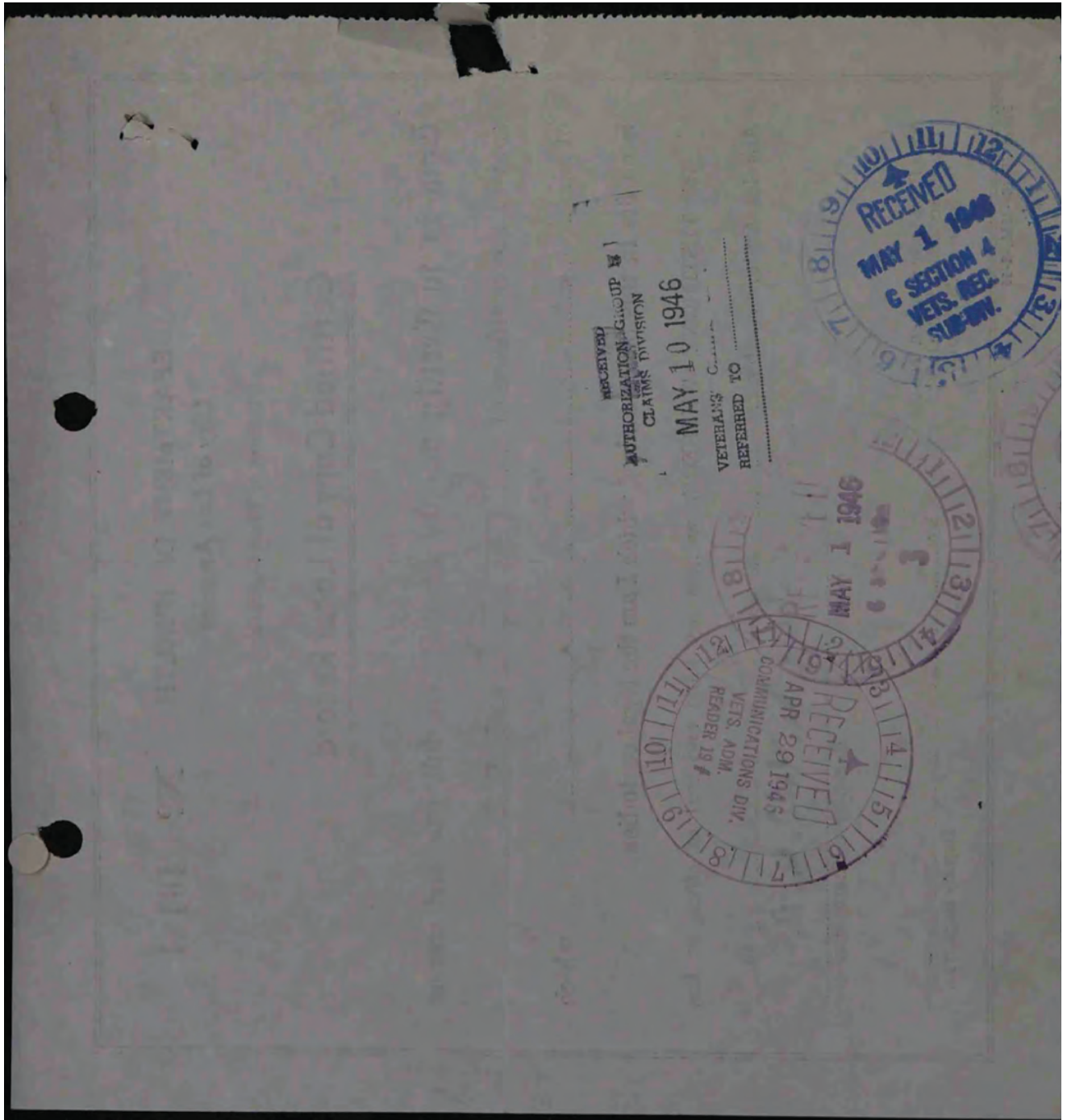
Registrar of Vital Statistics.

This Certificate is issued free of  
charge according to the law of  
the State of California.

By Robert Robinson

Deputy Registrar.







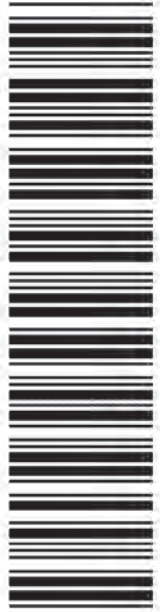
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



Form No. 5  
California State Board of Health  
BUREAU OF VITAL STATISTICS  
STANDARD CERTIFICATE OF DEATH  
(For use in California)

1. PLACE OF DEATH, Dist. No. \_\_\_\_\_  
County of \_\_\_\_\_  
City or Town of \_\_\_\_\_  
or Rural Registration District \_\_\_\_\_

2. FULL NAME Ollie Doll  
Sex Female  
Date of Birth August 10, 1880  
Age 43 years 7 months 3 days or 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

3. PERSONAL AND STATISTICAL PARTICULARS  
SINGLE, MARRIED, WIDOWED, OR DIVORCED (Write the word)  
Married  
HUSBAND or (or) WIFE of Ollie Doll  
DATE OF BIRTH August 10, 1880  
AGE 43 years 7 months 3 days or 1 day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

4. OCCUPATION Miner  
General nature of industry, business, or establishment in which employed (or employer)  
Blacksmith

5. BIRTHPLACE Colorado  
NAME OF FATHER John Doll  
BIRTHPLACE OF FATHER (city or town) Wisconsin  
NAME OF MOTHER Louisa ?  
BIRTHPLACE OF MOTHER (city or town) Michigan

6. LENGTH OF RESIDENCE  
At Place of Death \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
(Primary registration district)  
(If nonresident, give city or town and state)  
In California \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
How long in U.S. or foreign birth? \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days

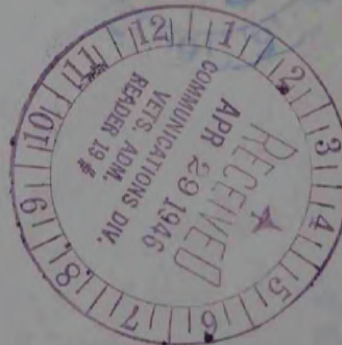
7. THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE  
(Informant)  
L. H. Johnson, Jr.  
L. H. Johnson, Jr.  
FATHER 14, 1924  
1081 SOUTH ORANGE AVE  
CUNNINGHAM & O'CONNOR  
1081 SOUTH ORANGE AVE  
ADDRESS  
1420

8. MEDICAL CERTIFICATE OF DEATH  
DATE OF DEATH March 13, 1924  
I HEREBY CERTIFY, That I attended deceased from November 26, 1924 to March 13, 1924  
that I last saw him alive on March 13, 1924  
and that death occurred on the date stated above at 5:30 PM  
The CAUSE OF DEATH\* was as follows:  
Marked anthrax of lung  
(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Cause of death Contagious anthrax of right heart with embolism  
(Duration) \_\_\_\_\_ years \_\_\_\_\_ months \_\_\_\_\_ days  
Was there an autopsy? yes  
Did an operation precede death? No  
If not at place of death? \_\_\_\_\_  
Where was disease contracted? \_\_\_\_\_  
What test followed diagnosis? Contagious  
(Signatures) L. H. Johnson M. D.  
March 14, 1924 (Address) L. H. Johnson  
\*State the DISEASE CAUSING DEATH or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether (possibly) an ACCIDENTAL, SUICIDAL, or HOMICIDAL. (See notes on the back of this form.)  
PLACE OF BURIAL OR CREMATION Rosedale Cemetery March 15, 1924  
BURIAL BY CUNNINGHAM & O'CONNOR  
LICENSE NO. 1420

RECEIVED  
AUTHORIZATION GROUP B  
CLAIMS DIVISION

MAY 10 1946

VETERANS' CLAIMS SECTION  
REFERRED TO .....





335 Vernon Ave.  
Venice Calif.

Mr George E Brown  
Dear Sir.

In reply to your letter  
of April 11, 1946  
You will find information  
you asked for. Inclosed

Respectfully  
Clide C McEntire

(b)(6)

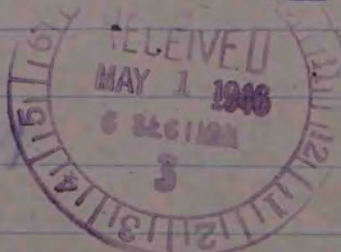


ack  
3200  
5-10-46  
H.A.

RECEIVED  
AUTHORIZATION GROUP B  
CLAIMS DIVISION

MAY 10 1946

VETERANS' CLAIMS SERVICE  
REFERRED TO





IDENTIFICATION AND DATA SLIP

PAYEE

Clide C. McInture

335 - Vernon Ave., Venice, Calif

Number  
assigned

C. (b)(6)(6)

Ins.

War

Rate, \$ 20

Code classification

5B

Date

Clerk

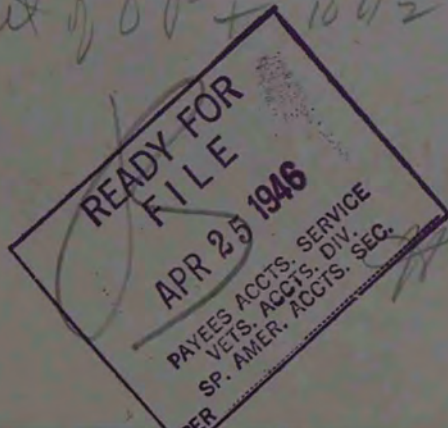
GPO 16-40900-\*

DATA FOR CORRESPONDENCE OR DISPOSITION

(Use reverse side if additional space is necessary)

(Must be initialed and dated by clerk supplying data)

aa - 3-19-46 awds 20 f. 2-14-46  
ent. VA Los Angeles, Calif 2-14-46  
Pol 92 f. 2-14-46 to 2-28-46 = 52.13  
blue 20 f. 2-14-46 to 2-28-46 = 11.33  
OP 2/28/46  
40.80 ✓  
Adv Det of OP + 10 1/2 to comm.



4-2-46

OVERPAYMENT NOTICE

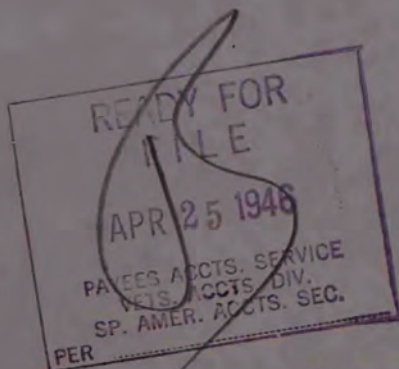
FROM: Payees Accounts ~~Division~~ <sup>Service</sup> ~~Division~~ Date APR 23 1946  
TO: Committee on Waivers and Forfeitures 4 ADC  
SUBJECT: Submission for consideration under Title 38,  
Section 33, U. S. Code.  
Person Overpaid: Clide C. McIntire C- (b)(6)  
Amount of Overpayment: \$40.80 I- \_\_\_\_\_  
Cause of Overpayment: Hospitalization R- \_\_\_\_\_  
Soldier's Name: McINTIRE, Clide C. War with Spain

EXPLANATION OF OVERPAYMENT

An amended award approved March 19, 1946 authorized pension in the above-cited case at the rate of \$20 monthly from February 14, 1946.

Payment was continued to the veteran at the rate of \$92 monthly for the entire month of February resulting in an overpayment of \$40.80.

The veteran has been advised of the overpayment on his account by Finance Form 1143 as of even date.



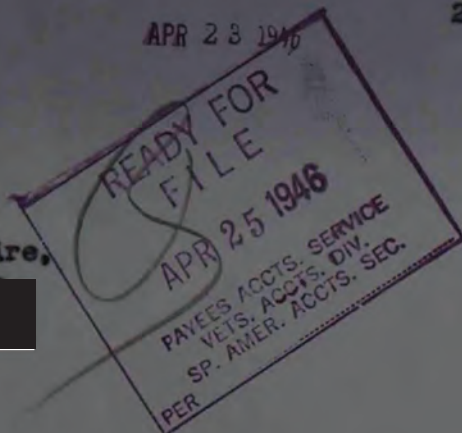
Veterans Administration  
Finance Form 1042  
Rev. Jan. 1934  
ABH:kir

L. J. JOHNSON  
Chief, Payees Accounts Division  
~~XXXXXXXXXXXXXXXXXXXX~~  
Director, Payees Accounts Service.



25, D.C.

APR 23 1946



4 ADC

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

War with Spain

Dear Sir:

Your pension is limited to \$20 monthly from February 14, 1946 due to hospitalization.

Payment was continued to you at the rate of \$92 monthly for the entire month of February thereby resulting in an overpayment of \$40.80.

Payments on your account are suspended pending determination under Section 33, Title 38, U. S. Code, as to whether recovery of the overpayment by the Veterans Administration will be required.

The law provides that the recovery of an overpayment may be waived, in the event such overpayment was caused by no fault or negligence on the part of the payee and where recovery would result in an undue hardship or be inequitable.

In the event you desire to apply for relief under this law, you should file immediately a statement setting forth (A) evidence to show the absence of fault or negligence upon your part in accepting the overpayment and (B) facts which will aid in a determination as to whether the recovery of the overpayment erroneously made you would cause an undue hardship or be inequitable. A complete statement of your financial circumstances, such as income from all sources and current expenditures, would be most helpful.

Arrangements may also be made in most cases to permit the liquidation of an overpayment by partial deductions from any current award you may be receiving, or by the payment of installments direct on the indebtedness. The amount of such deductions or installments should be indicated by you.

Your address of record in this Administration is 335 Vernon Avenue, Venice, California. If you desire your address changed, you should inform Central Office, Veterans Administration, Washington 25,

D. C. of that fact over your personal signature using the enclosed Post Card Form 3200.

-over-

abx





OVERPAYMENT NOTICE

FROM: Service  
Payees Accounts ~~Division~~

Date APR 23 1946

TO: Committee on Waivers and Forfeitures

4 ADC

SUBJECT: Submission for consideration under Title 38,  
Section 33, U. S. Code.

Person Overpaid: Clide C. McIntire

(b)(6)

Amount of Overpayment: \$40.80

I-

Cause of Overpayment: Hospitalization

R-

Soldier's Name: McINTIRE, Clide C.

War with Spain

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Payment was continued to the veteran at the rate of \$92 monthly for the entire month of February resulting in an overpayment of \$40.80.

The veteran has been advised of the overpayment on his account by Finance Form 1143 as of even date.

RECEIVED

APR 24 1946  
READY FOR  
CENTRAL COMMITTEE  
ON WAIVERS AND FORFEITURES  
JUN 1 1946  
PAYEE'S ACCTS. SERVICE  
VETS. ACCTS. DIV.  
SP. AMER. ACCTS. SEC.

*L. J. Johnston*  
L. J. JOHNSTON

Veterans Administration  
Finance Form 1042  
Rev. Jan. 1934

~~Chief, Payees Accounts Division~~  
Director, Payees Accounts Service.



April 11, 1946

(b)(6) Mr. Clyde C. McIntire,  
Veterans Administration Center,  
Los Angeles, California.

BACCC

(b)(6)

Dear Sir:

This is in reference to your pension claim.

Receipt is acknowledged of a certified copy of the public record of your marriage to Ollie Coll, which marriage took place on November 16, 1942.

It is noted that your wife was a widow at the time of your marriage to her. It is necessary that you submit a certified copy of the public record of death of her former husband (to this Administration as soon as possible.)

As Public 144, 78th Congress limits any increase in pension to six months from date of receipt of satisfactory evidence establishing dependency, it is to your advantage to submit the evidence called for above at the earliest possible date.

Respectfully,

*George E. Brown*

GEORGE E. BROWN  
Director, Veterans' Claim Service





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

Series 1946

(b)(6)

Nº 2306

STATE OF CALIFORNIA, }  
County of Los Angeles } ss.

I hereby certify that the attached is a full true, and correct copy of Certificate of Registry of Marriage registered in Book No. 1857 Page 213 of Record of Marriage which is on file in my office and of which I am the legal custodian.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal, this  
23rd day of March 19 46

MAME B. BEATTY, Registrar of Vital Statistics

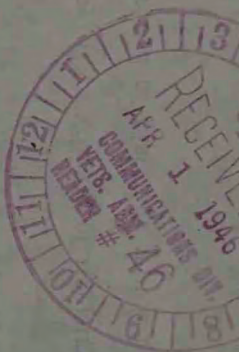
By Sorena E. Hammeal, Deputy



RECEIVED  
AUTHORIZATION, GROUP R  
CLAIMS DIVISION

APR 4 - 1946

VETERANS' CLAIMS SERVICE  
REFERRED TO



This certificate is given solely upon the condition that same is to be used for the purposes as provided for under sections 6100 to 6108 incl. of the Government Code.

MAME B. BEATTY, County Recorder

TO ANY JUSTICE OF THE SUPREME COURT JUSTICE OF THE HIGHEST COURT OF THE STATE OF CALIFORNIA

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

PLACE OF MARRIAGE  
**LOS ANGELES**

County of **LOS ANGELES**

Local Registered No. **24925**

STANDARD CERTIFICATE OF MARRIAGE  
PERSONAL AND STATISTICAL PARTICULARS

GROOM		BRIDE	
1. FULL NAME <b>Clide C Mc Intire</b>	1. FULL NAME <b>Ellie Call</b>	2. RESIDENCE <b>3335 Vernon Ave</b>	2. RESIDENCE <b>3113 W. Avenue Blvd</b>
3. AGE AT LAST BIRTHDAY <b>64</b>	3. AGE AT LAST BIRTHDAY <b>64</b>	4. COLOR OR RACE <b>White</b>	4. COLOR OR RACE <b>White</b>
5. SINGLE, WIDOWED OR DIVORCED <b>Divorced</b>	5. SINGLE, WIDOWED OR DIVORCED <b>Divorced</b>	6. NUMBER OF MARRIAGE <b>7</b>	6. NUMBER OF MARRIAGE <b>7</b>
7. BIRTHPLACE <b>Known</b>	7. BIRTHPLACE <b>Known</b>	8. BIRTHPLACE <b>Bread Vista Colo.</b>	8. BIRTHPLACE <b>Bread Vista Colo.</b>
9. OCCUPATION (a) Trade, profession, or particular kind of work <b>Retired</b>	9. OCCUPATION (a) Trade, profession, or particular kind of work <b>Housewife</b>	10. (b) General nature of industry, business, or establishment in which employed (or employer)	10. (b) General nature of industry, business, or establishment in which employed (or employer)
11. NAME OF FATHER <b>Thomas Mc Intire</b>	11. NAME OF FATHER <b>Frank Hoagland</b>	12. BIRTHPLACE OF FATHER <b>Kan. (State or country)</b>	12. BIRTHPLACE OF FATHER <b>Chilwell</b>
13. MAIDEN NAME OF MOTHER <b>Catherine Rainier</b>	13. MAIDEN NAME OF MOTHER <b>Maggie Dwyer</b>	14. BIRTHPLACE OF MOTHER <b>Ireland</b>	14. BIRTHPLACE OF MOTHER <b>Ireland</b>
15. MAIDEN NAME OF BRIDE, IF SHE WAS PREVIOUSLY MARRIED		16. MAIDEN NAME OF BRIDE, IF SHE WAS PREVIOUSLY MARRIED	
WE, the groom and bride named in this Certificate, hereby certify that the information given therein is correct, to the best of our knowledge and belief.		WE, the groom and bride named in this Certificate, hereby certify that the information given therein is correct, to the best of our knowledge and belief.	
I HEREBY CERTIFY that <b>Clide C. Mc Intire</b>		I HEREBY CERTIFY that <b>Ellie Call</b>	
in accordance with the laws of the State of California, at <b>Nov 16</b> day of <b>Nov</b>		in accordance with the laws of the State of California, at <b>Nov 16</b> day of <b>Nov</b>	
Signature of Person Performing the Ceremony <b>Myra G. Myers</b>		Signature of Person Performing the Ceremony <b>Myra G. Myers</b>	
Residence <b>West Los Angeles</b>		Residence <b>West Los Angeles</b>	
Official position <b>Police Judge</b>		Official position <b>Police Judge</b>	
FILED <b>NOV 17 1943</b>		FILED <b>NOV 17 1943</b>	
Registry (Judge or Recorder)		Registry (Judge or Recorder)	

Filed out in the presence of





RECEIVED  
AUTHORIZATION GROUP H  
CLAIMS DIVISION  
APR 4 - 1946  
VET. SERVICE  
REFUSED TO

VETERANS ADMINISTRATION  
SUPPLEMENTAL AWARD  
DISABILITY—DEATH  
WARTIME—PEACETIME—NON-SERVICE-CONNECTED

*4-2-46*

(b)(6)

C-No.

Name of War

*Saw*

*Clide C. McIntire*

(Name of veteran)

*None*

(Serial or service number)

*Army*

(Branch of service)

*Same*

(Name of payee)

*Same*

(Address)

Reason for amendment

*Hosp. VA Los Angeles Calif 2-14-46 -  
no deps estab of record.*

The Payee is entitled to the following award of

\* { Compensation  
Pension  
Retirement pay }

under the provisions of:

*P2-73C aab 49.78C  
P44(13) 78C*

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>80%</i>	<i>20-</i>	<i>2-14-46</i>					
<i>Lead RPP</i>							

Submitted

*3-19-46*

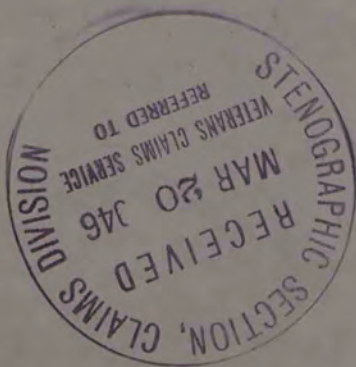
Approved

*3-19-46*

*H. Kerman*  
*R. Kerman*  
Adjudicator.  
Authorization Officer—Attorney Reviewer.

\*Delete inapplicable words.





VETERANS ADMINISTRATION  
SUPPLEMENTAL AWARD  
DISABILITY—~~DEATH~~

WARTIME—~~PEACETIME~~—NON-SERVICE-CONNECTED

C-Number

(b)(6)

Name of War

*Saw*

*Clide C. McIntire*

(Name of veteran)

*None*

(Serial or service number)

*Army*

(Branch of service)

*Same*

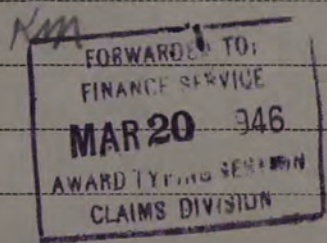
(Name of payee)

*Same*

(Address)

Reason for amendment

*Hosp. VA Los Angeles Calif 2-14-46 -  
no deps estab of record.*



The Payee is entitled to the following award of

\* ~~Compensation~~  
Pension  
~~Retirement pay~~

under the provisions of:

*P2-73C aa 46-78C  
P144(13) 78C*

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>80%</i>	<i>20-</i>	<i>2-14-46</i>					
<i>Less PP</i>							

Submitted

*3-19-46*

Approved

*3-19-46*

*Hickerman*

Adjudicator.

Authorization Officer—Attorney Reviewer.

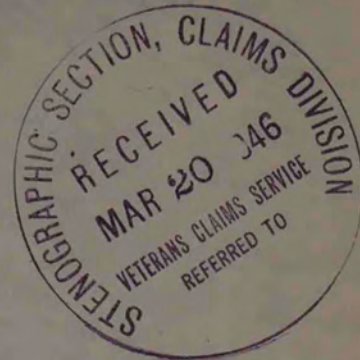
\*Delete inapplicable words.

VA FORM 8-553 C  
JAN 1946

16-44415-2 U. S. GOVERNMENT PRINTING OFFICE

*R-3-21-46*





March 19, 1946

8ACCC

Mr. Clide C. McIntire  
Veterans Administration Facility  
Los Angeles, California

(b)(6)

Dear Sir:

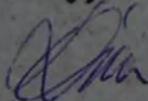
This is in reference to your pension claim.

Notification has been received by this office that you were hospitalized at the Veterans Administration Facility, Los Angeles, California on February 14, 1946. Since no dependents are established of record you are entitled to the monthly pension of \$20.00 monthly, commencing February 14, 1946, less any prior payments pursuant to existing legislation.

Upon reviewing the records of this office, it is indicated that you have the status of a divorced person. Though you may have re-married in the interim, you may, if you wish, submit a certified copy of the public or church record of your present marriage.

As Public 144, 78th Congress limits any increase in pension to six months from the date of receipt of satisfactory evidence establishing dependency, it is to your advantage to submit this evidence called for above at the earliest possible date.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service

HA/hln



L.A. 3/4/46

McINTIRE, Clide Clifton

(b)(6)

DIRECTOR  
ADMINISTRATIVE SERVICE  
VETERANS ADMINISTRATION  
CENTRAL OFFICE  
WASHINGTON 25, D.C.

P #404

RECHARGE SLIP

To

File

(b)(6)

Date

2/6/46

Subject

AUTHORIZATION GROUP 1  
CLAIMS DIVISION

MAR 15 1946

Charged to

VETERANS' CLAIMS SERVICE  
REFERRED TO

Is transferred to

Date

2/6/46

By

VETERANS ADMINISTRATION—Form 7203—Rev. Mar., 1927

15-402





ORIGINAL

HB4

nh

Name McIntire, Clide Clifton

File No. C

(b)(6)

STATEMENT REGARDING DEPENDENTS OF PERSONS RECEIVING  
HOSPITAL TREATMENT, INSTITUTIONAL, OR DOMICILIARY CARE

1. Are you single, married, widowed, or divorced? Married
2. Have you a child or children? No If so, give age of youngest child  
(Yes or no)
3. Have you a mother or father dependent upon you for support? No
4. Are you in receipt of compensation, pension, or emergency officers' retirement pay? Yes  
(Yes or no)
5. If so, state which Pension Monthly amount, \$92.00

and Veterans Administration office having custody of your case file Washington, D. C.

6. My service in the armed forces of the United States was as Cpl. Co. A. 44th US Vol Inf.  
(Rank)

SAW  
(Organization) (Serial No.) (State war, expedition, or peacetime service)

Born Aug. 21, 1878

Enl. Sept. 6, 1899

Dis. June 30, 1901

I HEREBY CERTIFY that answers to all questions are true and complete to the best of my knowledge and belief; and that the foregoing statements are made with full knowledge of the penalty provided for making a false statement as to a material fact in connection with a claim for any of the benefits mentioned in item 4 hereof.

Clide C. McIntire  
(Signature of claimant)

SUBSCRIBED AND SWORN TO before me this 14th day of February, 19 46

by Clide C. McIntire, affiant, to whom the statements herein were fully made known and explained.

[SEAL]

Sumner Westhead  
(Notary public or Veterans Administration employee designated to administer oaths, etc.)

I CERTIFY THAT the affiant named above:

- (a) Entered this institution on the 14th day of February, 19 46
- (b) Was discharged from this institution on the \_\_\_\_\_ day of \_\_\_\_\_, 19 \_\_\_\_\_
- (c) Class of discharge from the institution \_\_\_\_\_
- (d) Notice of reduction was (not) received.

J. H. McClellan  
(Officer in charge)

J. H. McClellan, M.D., Clinical Director

(Name of institution)

VETERANS ADMINISTRATION FACILITY, LOS ANGELES, CALIFORNIA

(Address of institution)

(SEE INSTRUCTIONS—OVER)

15-737



## IMPORTANT INSTRUCTIONS

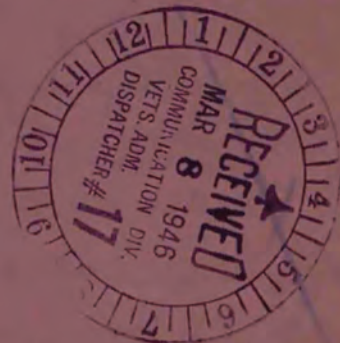
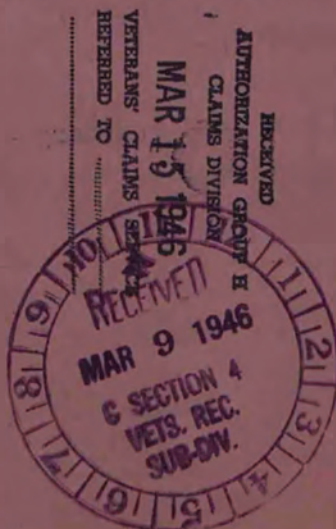
This form will be prepared in triplicate. The original, signed by the claimant and showing date of admission, will be dispatched within twenty-four (24) hours of admission:

1. To the office of the Veterans Administration having custody of the claimant's case file as indicated on the form.
2. If not disposed of under No. 1, then:
  - (a) To the office of the Veterans Administration having jurisdiction of the territory in which is located the admitting institution, if claimant is a World War veteran;
  - (b) To Central Office in all other cases.
3. When a claimant is discharged or furloughed for a period of thirty (30) days or more the officer in charge will fill in items (b), (c), and (d) of his certification on the first retained copy and dispatch as above indicated within twenty-four (24) hours of discharge or furlough.
4. The second copy will be retained by the admitting institution and, to insure a complete record of admission and discharge, item (a) of the certification of the officer in charge should be filled in when notice of admission is dispatched, and items (b), (c), and (d) of the certification when notice of discharge or furlough for a period of thirty (30) days or more is dispatched.

NOTE.—In the event the claimant is unable, because of his physical or mental condition, to execute this form upon admission to the institution, it will be executed by the chief officer of the institution. In these instances the information will be obtained from Veterans Administration Form P-10, if of record.

Upon receipt by the Veterans Administration office these forms will be handled in accordance with R. & P. 1274 to 1284.

15-737





REQUEST FOR DATA RELATIVE TO  
DOMICILIARY CARE, HOSPITAL OR OUT-PATIENT TREATMENT

Date Febr. 16, 19 46

FROM: (Manager) (Chief Medical Officer) (Chief, Out-Patient Service) C-10 sj 0

Los Angeles 25, Calif.

(Office)

Name MC INTIRE, Glide C.

C- (b)(6) (A or N) S- \_\_\_\_\_

To: (Manager) (Adjudication Officer) (Director, Veterans Claims Service)

Washington, D.C.

(Office)

(Additional information)

Please furnish at once the following data regarding the above-named veteran:

1. All dates of enlistment and discharge, rank, organization and character of discharge from each period, line of duty status. (If discharged for disability incurred in line of duty, name disease or injury.)  
Enl. 9-6-99, hon. disch. 6-30-01, a Cpl, Co. A, 44th Regt., not for disability  
incurred in line of duty.
2. Has applicant filed claim for monetary benefits which has been disallowed or unadjudicated? No
3. Service-connected disabilities, if any Myocarditis, arthritis, Chronic
4. Non-service-connected disabilities, if any Cholecystitis; bronchitis; prostatic hypertrophy  
pes planus; otitis media, chr. catarrhal; neurasthenia.
5. Amount of pension or compensation being paid for disability due to service \$92.00  
Not due to service \_\_\_\_\_
6. Information relative to infractions of facility discipline occurring during the past 6 months. (If none, so state.) No record
7. Has applicant ever received domiciliary care? No record What years? \_\_\_\_\_
8. Applicant's most recent (hospital treatment) (domiciliary care), as shown by (his case file) (Form P-10 filed at this station) was at V. A. Center, Los Angeles 25, California  
from 3-15-42 to 5-13-42 MHB Readm. 2-14-46  
(Date) (Date)
9. Has prosthetic or orthopedic appliance been furnished or repaired? (If so, state type and date.)  
No record
10. Race White Names and addresses of dependents and fiduciary, if any Wife,  
(b)(6)

March 15, 1946

(Date)

(Signature) (Director, Veterans Claims Service)

SAAC

HAW:ncs

WWS



RECEIVED  
MAR 13 1946  
FIELD SUPERVISION DIVISION  
VETERANS CLAIMS SERVICE

RECEIVED  
FEB 28 1946  
CHICAGO, ILL. NY.  
VET. AND MIL. DIV.  
ROOM # 20

FEB 25 1946  
C SECTION  
2

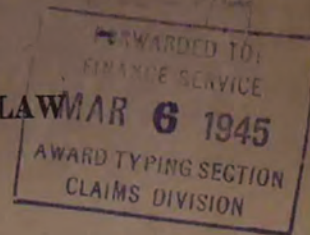
RECEIVED  
MAR 9 1946  
C SECTION 4  
VETS. REC.  
SIB-DIV



DECISION OF QUESTIONS OF FACT AND LAW

SUPPLEMENTAL AWARD BRIEF FACE

(Disability—Death—Compensation—Pension)



Clide C. McIntire

(Name of veteran)

Cpl. Co. 2. 44th A.S. Vol. Reg.

(Rank and organization)

same

(Name and address of payee)

Class of {pension  
compensation} now being paid

Pub. 2-73rd Cong.

(Title of act and section or regulation)

Date on which basic decision of fact and law was approved

3-19-32

If award is increased, give date evidence of entitlement was received

6-1-44

Is there any claim of the United States subject to recovery or offset?

If so, state amount, \$\_\_\_\_\_ and

how to be recovered \_\_\_\_\_

Reason for amendment (state fully and completely all pertinent facts, such as disability rating showing degree of disability, effective date thereof, service connection, etc., date of birth, period of hospitalization, etc.):

Pub. 469-78th Cong.

F. 1099 Ret. 3/19/45 Paid 3/16/45 H. W. Hoffman - Ady.

Pursuant to the above the claimant is entitled to the following award of compensation or pension under the provisions of the act of

Pub. 469-78th Cong.

New award	Monthly payment	Commencing date	Ending date	New award	Monthly payment	Commencing date	Ending date
80%	92.00	6-1-44					
	Lump Sum						

Submitted

3-6-45

, 19

by

M. R. Rothen

Title

Ady.

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting claimants to benefits under all laws governing the payment of compensation or pension or accrued amounts of pension, compensation, or emergency officers' retirement pay, do hereby constitute in pursuance of such authority, the foregoing statements as my decision of fact and law. (Public No. 536, 71st Congress and Sec. 8, title 1, Public No. 2, 73d Congress.)

MAR 6 1945

Approved

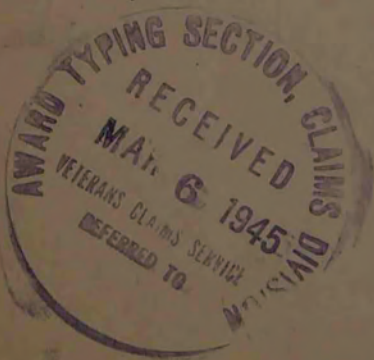
, 19

By

H. A. Goad

Title

Atty. Gen.





March 6, 1945

(b)(6)

Mr. Clyde C. McIntire

MCC-21

(b)(6)

This is in reference to your disability claim.

Your claim has been considered under Public No. <sup>469</sup>~~312~~, 78th Congress, and it is shown that you are entitled to pension or compensation in the amount of \$~~9~~2.00 monthly instead of \$0.00 monthly from June 1, 1944, on account of the rates being increased by fifteen per centum, not including special awards and allowances fixed by law.

Appropriate action is being taken to adjust your account accordingly. *Please sign enclosed form 1099 as indicated and return.*  
Respectfully,  
Enc. 1099

*MLL* GEORGE E. BROWN,  
Director, Veterans' Claims Service.

Adjudication Form 622

★ ★ ★ ★ ★ ★ ★ ★ ★

\$92.00★

58

CLIDE C MC INTIRE

C-2360708

Pub. 409 70th Cong.

Adj. 6-1-44

335 VERNON AVE  
VENICE

CALIF

CODED

80J PUB.469  
78TH.CONG.



VETERANS ADMINISTRATION—ACTUARIAL DIVIDEND

POLICY K-NUMBER	AGE	EFF. DATE		PLAN	AMOUNT OF INSURANCE	FILE K-NUMBER	1940 DIVIDEND	1941 DIVIDEND	1942 DIVIDEND	
		MO.	YR.							
0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0 0 0 0	0 0 0
1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1 1 1 1	1 1 1
2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2 2 2 2	2 2 2
3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3 3 3 3	3 3 3
4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4 4 4 4	4 4 4
5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5 5 5 5	5 5 5
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8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8 8 8 8	8 8 8
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1 2 3 4 5 6 7	8 9	10 11 12 13 14 15	16 17 18 19 20 21	22 23 24 25 26 27	28 29 30 31 32	33 34 35 36 37	38 39 40 41 42	43 44 45		

Form 855—Revised Nov. 1938

CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

Rec. # 8,557,721

Date DEC 10 1942

225

FROM Accounting Division  
(Designate Division of Central Office or Field Station)

To Division of Disbursement  
(Indicate activity to which to be forwarded—Central Office or Field Station)

DIVISION OF DISBURSEMENT

DEC 31 1942

SUBJECT: Change Address—(Name)—under 5B2  
(Cross out one not applicable) (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension)

COPIES MAILED TO  
NEW ADDRESS

1. Present full name of payee Clide C. McIntire ✓

2. Former address (b)(6)

3. New address

4. Person in service same

5. Former name of payee

DEC 24 1942

12-11-42

c-11-29-42---kbj\_lp

Submitted by [Signature] (Signature)

(Official title)

Approved by [Signature] (Signature)

(Official title)

(Region No. ....)



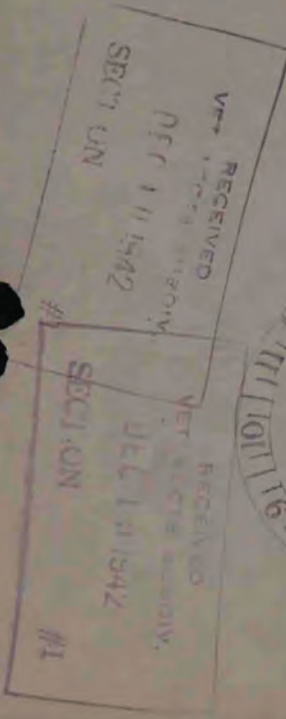
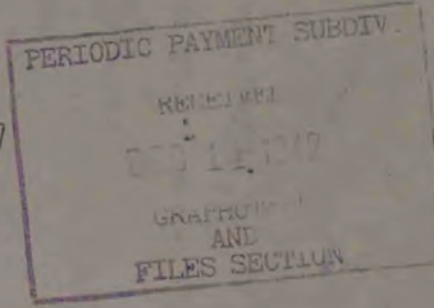
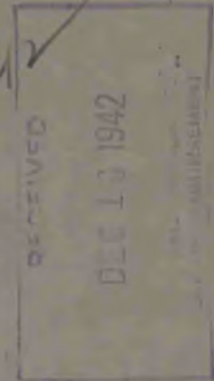
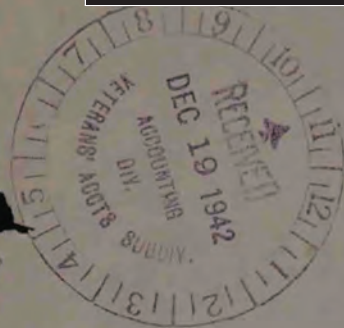
\*\*\*80DOLLARS 00CTS \*\*\*80.00\*

CLIDE C MC INTIRE

(b)(6)

(b)(6)

(b)(6)



DEC 18 42RC

DECISION OF QUESTIONS OF FACT AND LAW

SUPPLEMENTAL AWARD BRIEF FACE

(Disability—Death—Compensation—Pension)

Clide C. McIntire  
(Name of veteran)

Corp Co A, 44th US Vol Inf  
(Rank and organization)

same  
(Name and address of payee)

Class of {pension  
compensation} now being paid

Pub 2, 73rd C  
(Title of act and section or regulation)

Date on which basic decision of fact and law was approved

3/19/34 + 11-11-35

If award is increased, give date evidence of entitlement was received

Is there any claim of the United States subject to recovery or offset?

If so, state amount, \$\_\_\_\_\_ and

how to be recovered

Reason for amendment (state fully and completely all pertinent facts, such as disability rating showing degree of disability, effective date thereof, service connection, etc., date of birth, period of hospitalization, etc.):

Vet discharged VA 7 5/13/42 R+P R1250B

Pursuant to the above the claimant is entitled to the following award of compensation or pension under the provisions of the act of

3/10/33 Pub 2, 73rd C

New award	Monthly payment	Commencing date	Ending date	New award	Monthly payment	Commencing date	Ending date
<u>80%</u>	<u>\$80.00</u>	<u>5-13-42</u>					
		<u>less prior payts</u>					

Submitted 5-22, 1942 by Ray Davis

Title Ady

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting claimants to benefits under all laws governing the payment of compensation or pension or accrued amounts of pension, compensation, or emergency officers' retirement pay, do hereby constitute in pursuance of such authority, the foregoing statements as my decision of fact and law. (Public No. 588, 71st Congress and Sec. 8, title 1, Public No. 2, 73d Congress.)

Approved MAY 22 1942, 1942 By Ray Davis

Title Atty Reviewer



April 9, 1942.

MCC-B-1

Mr. P. J. Callan,  
Quartermaster General,  
United Spanish War Veterans, Inc.,  
40 G St., N. E.,  
Washington, D. C.

McINTIRE, Clide C.

(b)(6)

Dear Sir:

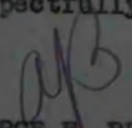
This is in reference to your interest in the pension claim of this veteran.

The veteran's claim has been reconsidered in the light of the report of his examination of August 4, 1937, and the cardiac disease and arthritis heretofore held as incident to service during the Philippine Insurrection under Public Act No. 2, 73rd Congress, are shown as incapacitating to the degree of eighty per centum from May 12, 1937, the date of receipt of claim. Accordingly, the veteran's pension entitlement has been increased from \$60.00 monthly on the basis of incapacitation for the performance of manual labor one hundred per centum in degree to \$80.00, effective from May 12, 1937, subject to payments previously made.

The veteran's entitlement from March 15, 1942, is limited to \$15.00 monthly while hospitalized at the Veterans' Administration, Los Angeles, California, pending the receipt of a certified copy of the public or church record of his present marriage, the evidence of record indicating his status as that of a divorced person.

If, after considering the facts brought to your attention in this letter, you, or the claimant, believe that there is entitlement under the law to increased pension, it is your, or the claimant's, privilege to submit any additional evidence available, or either of you may file an appeal to the Administrator of Veterans' Affairs, provided such appeal is filed within one year from the date of this letter.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JNP:MJL

April 9, 1942.

MCC-B-1

Mr. Clide C. McIntire,  
Veterans' Administration,  
(b)(6)

(b)(6)

Dear Sir:

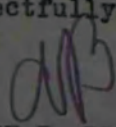
This is in reference to your pension claim.

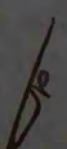
Your claim has been reconsidered in the light of the report of your examination of August 4, 1937, and the cardiac disease and arthritis heretofore held as incidental to your service during the Philippine Insurrection under Public Act No. 2, 73rd Congress, are shown as incapacitating to the degree of eighty per centum from May 12, 1937, the date of receipt of claim. Accordingly, your pension entitlement has been increased from \$60.00 monthly on the basis of incapacitation for the performance of manual labor one hundred per centum in degree to \$80.00, effective from May 12, 1937, subject, however, to payments previously made.

Your entitlement from March 15, 1942, is limited to \$15.00 monthly while hospitalized, pending the receipt of a certified copy of the public or church record of your present marriage, the evidence of record indicating your status as that of a divorced person.

If, after considering the facts brought to your attention in this letter, you believe that there is entitlement under the law to increased pension, it is your privilege to submit any additional evidence available, or you may file an appeal to the Administrator of Veterans' Affairs from the present action taken on your claim, provided such appeal is filed within one year from the date of this letter.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

  
JNP:MJL



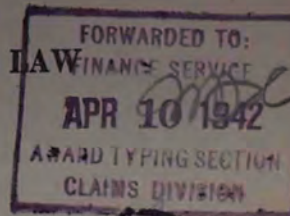
(b)(6)

FILE COPY

DECISION OF QUESTIONS OF FACT AND LAW

SUPPLEMENTAL AWARD BRIEF FACE

(Disability—Death—Compensation—Pension)



*Glenn B. McIntire*

(Name of veteran)

*Camp Co A 44<sup>th</sup> Inf. U.S. Vol. Inf*

(Rank and organization)

*Same*

(Name and address of payee)

Class of {pension  
compensation} now being paid

*Pub. 269-742C*

(Title of act and section or regulation)

Date on which basic decision of fact and law was approved

*3/19/34 + 11-11-35*

If award is increased, give date evidence of entitlement was received

*5-12-37*

Is there any claim of the United States subject to recovery or offset? ..... If so, state amount, \$..... and  
how to be recovered .....

Reason for amendment (state fully and completely all pertinent facts, such as disability rating showing degree of disability, effective date thereof, service connection, etc., date of birth, period of hospitalization, etc.):

*RRR 1009(A) - Rating of 4-6-42, Disabled 80%, VR 12, Pub 2 73d C  
from 5/12/37. V.A.F. 31, 5/42, RRR 1256-A, No Dep.*

*(over \$1,000.00)*

Pursuant to the above the claimant is entitled to the following award of compensation or pension under the provisions of the act of

*3/20/33, Pub. 2, 73d C*

New award	Monthly payment	Commencing date	Ending date	New award	Monthly payment	Commencing date	Ending date
<i>80%</i>	<i>\$80.00</i>	<i>5-12-37</i>	<i>3-14-42</i>				
<i>"</i>	<i>15.00</i>	<i>3-15-42</i>					
		<i>Less prior payments</i>					

Submitted *APR - 9 1942*, 19 by *[Signature]* Title *Adj.*

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting claimants to benefits under all laws governing the payment of compensation or pension or accrued amounts of pension, compensation, or emergency officers' retirement pay, do hereby constitute in pursuance of such authority, the foregoing statements as my decision of fact and law. (Public No. 536, 71st Congress and Sec. 8, title 1, Public No. 2, 73d Congress.)

Approved *APR 9 1942*, 19 By *[Signature]* Title *Asst. Dir.*

APR 9 - 1942

*M. F. Hall*  
*R-11-10-42*  
*Atty. Gen.*



4242

RATING SHEET--CENTRAL DISABILITY BOARD  
WASHINGTON, D. C.

Date.....

APR 8 1942

C-N (b)(6)

In re: **McINTIRE, Clide C.,**  
(Claimant's name)  
**c/o Veterans' Administration Facility,**  
**Los Angeles, California.**  
(Address)

MCC-A-H-lcs

Date of enlistment **9-6-99** Date and nature of discharge **6-30-01**  
Date of last examination **8-21-35**  
Prewar occupation Variants

Rating:

The ratings of 10-17-35 and 8-20-37 are amended under R. & P. R. 1009 (A) in order to correct the error in the rating of 10-17-35 in altering and amending the rating of 3-3-34 (which allowed service connection under Regulation No. 12, Public No. 2) without new evidence and based on a difference of opinion.

The amended rating is as follows:

The rating of 3-3-34 is confirmed and continued with the following addition:

Seventy-five per cent. (75%) from 8-13-35 to 5-11-37.  
One hundred per cent. (100%) from 5-12-37.  
Public No. 269, 74th Congress.

Not incurred in service in line of duty.  
Sec. 4692 et seq. R.S. as amended.  
Public No. 269, 74th Congress.  
Myocarditis; arthritis, chr.

Eighty per cent. (80%) from 5-12-37.  
Incident to service. Regulation No. 12.  
Presumption not rebutted by affirmative evidence or sound medical judgment. P.I.  
Myocarditis; arthritis, chronic.

(B) Permanent and total from 5-12-37.  
Reg. I(a), Part III, Par. I(a).

(Member)

Total rating is based on the provisions of R.&P.R. 1168.

(Member)

(Continued on Page 2)

(Chairman)

FILE

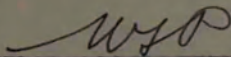


(2)

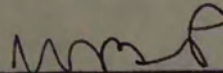
(b)(6)

Examination by Dr. J. Russell Shea, received 5-12-37, accepted as official in accordance with S.O. 9-6-35.

NOTE: The only change in the rating of 8-20-37 is to include an evaluation of the disabilities allowed service connection under Reg. No. 12, of Public No. 2. Service connection for these same disabilities was denied under Regulation No. 12 on 10-17-35 and was therefore omitted from the rating of 8-20-37.

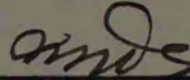


MEMBER



MEMBER

W. B. PARKER, M.D.



For M. H. GRINDER, CHAIRMAN.



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



4242

RATING SHEET--CENTRAL DISABILITY BOARD  
WASHINGTON, D. C.

APR 6 - 1942

Date.....

C-N (b)(6)

In re: McINTIRE, Clide C.,  
(Claimant's name)  
c/o Veterans' Administration Facility,  
Los Angeles, California.  
(Address)

MCC-A-H-lcs

Date of enlistment 9-6-99 Date and nature of discharge 6-30-01

Date of last examination 8-21-35

Prewar occupation Variants

Rating:

The ratings of 10-17-35 and 8-20-37 are amended under R. & P. R. 1009 (A) in order to correct the error in the rating of 10-17-35 in altering and amending the rating of 3-3-34 (which allowed service connection under Regulation No. 12, Public No. 2) without new evidence and based on a difference of opinion.

The amended rating is as follows:

The rating of 3-3-34 is confirmed and continued with the following addition:

Seventy-five per cent. (75%) from 8-13-35 to 5-11-37.  
One hundred per cent. (100%) from 5-12-37.  
Public No. 269, 74th Congress.

Not incurred in service in line of duty.  
Sec. 4692 et seq. R.S. as amended.  
Public No. 269, 74th Congress.  
Myocarditis; arthritis, chr.

Eighty per cent. (80%) from 5-12-37.  
Incident to service. Regulation No. 12.  
Presumption not rebutted by affirmative evidence or sound medical judgment. P.I.  
Myocarditis; arthritis, chronic.

(B) Permanent and total from 5-12-37.  
Reg. I(a), Part III, Par. I(a).

(Member)

Total rating is based on the provisions of R.&P.R. 1168. (Member)

(Continued on Page 2)

(Chairman)

FILE

(CONTINUED)



(HAWAII)

AMERICAN-ASIAN

AMERICAN-ASIAN

DATE OF BIRTH: 1911

DATE OF DEATH: 1942

DATE OF DEATH: 1942

AMERICAN-ASIAN

AMERICAN-ASIAN

AMERICAN-ASIAN

AMERICAN-ASIAN

AMERICAN-ASIAN

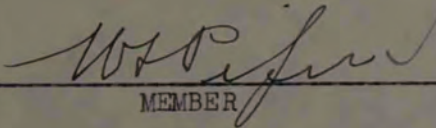


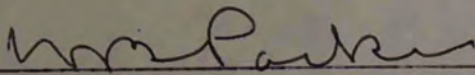
(2)

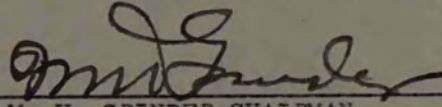
(b)(6)  
(U)(S)

Examination by Dr. J. Russell Shea, received 5-12-37, accepted as official in accordance with S.O. 9-6-35.

NOTE: The only change in the rating of 8-20-37 is to include an evaluation of the disabilities allowed service connection under Reg. No. 12, of Public No. 2. Service connection for these same disabilities was denied under Regulation No. 12 on 10-17-35 and was therefore omitted from the rating of 8-20-37.

  
MEMBER

  
MEMBER  
W. B. PARKER, M.D.

  
For M. H. GRINDER, CHAIRMAN.

FILE

DISABILITY BOARD WORK SHEET

MAR 31 1942

Date.....

(b)(6)

Date of enlistment.....

Date and character of discharge.....

(Name)

Date of last examination.....

(Address)

The disabling effect of each disease or injury must be set forth separately in the order of severity showing the respective diagnosis and the beginning and ending dates of ratings. The numbers and letters shown below correspond to those in Instructions under Regulation No. 3 series. The appropriate number, letter, or enlistment service will be circled.

CODE	DIAGNOSIS	% FROM-- TO--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 a b c d e f g h i j k l m n o p q r s t u v w x y z aa bb cc dd ee ff gg hh ii jj kk ll mm SAW BR PI WW PTE
	Memo. to Med. Director:		
	Request report from		
	V.A.F. Los Angeles, Calif.		
	Adm. 3-15-42		
	Remaining.		

COMBINED RATING

FROM-- TO--

Rating Specialist

Rating Specialist

Rating Specialist

NOTE.--If additional space is necessary, use extra work sheets. Reverse side to be used for special remarks or explanatory memorandum concerning above ratings.



From: Chairman, Central Disability Board. Date

To: Authorization Subdivision.

SUBJECT

(b)(6)

MAR 31 1942

Action by Disability Board deferred pending  
requested this date.

*receipt of hosp. report*

V. E. WATKINS, M. D.

VETERANS ADMINISTRATION  
Adjudication Form 631  
Rev. April 1936

*W. E. Watkins*



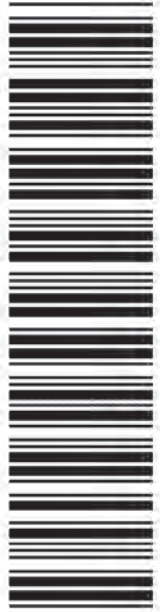
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



## DISABILITY BOARD WORK SHEET

Date.....MAR 31 1942

(b)(6)

Date of enlistment 9-6-99

Date and character of discharge 6-70-01

(Name)

Date of last examination 5-21-35

(Address)

The disabling effect of each disease or injury must be set forth separately in the order of severity showing the respective diagnosis and the beginning and ending dates of ratings. The numbers and letters shown below correspond to those in Instructions under Regulation No. 3 series. The appropriate number, letter, or enlistment service will be circled.

CODE	DIAGNOSIS	% FROM	TO	1	2	3	4	5	6	7	8	9	10	11
	The ratings of 10-17-35 and are amended under R1P R 1009A in order to correct the error in the rating of 10-17-35 in altering and amending the rating of 3-3-34 (which allowed service connection under Reg 42 Part 2) without any evidence and based on a difference of opinion.	4-10-37		12	13	14	15	16	17	18	19	20	21	22
	The amended rating is as follows: The rating of 3-3-34 is C C into the following deletion			23	24	25	26	27	28	29	30	31	32	33
	X74 from 8-13-35 to 5-11-37			34	35	36	37	38	39	40	41	42	43	44
	X75 " 5-12-37			45	46	47	48	49	50	51	52	53	54	55
	X63(a) Myocarditis - arthritis			56	57	58	59	60	61	62	63	64	65	66
	H-1 P	80% from 5-12-37		67	68	69	70	71	72	73	74	75	76	77
	Myocarditis arthritis			78	79	80	81	82	83	84	85	86	87	88
	COMBINED RATING	2-37	check	89	90	91	92	93	94	95	96	97	98	99
	Check R. L. J. Russell show	5-12-37		100	101	102	103	104	105	106	107	108	109	110

Rating Specialist

Rating Specialist

Rating Specialist

NOTE.—If additional space is necessary, use extra work sheets. Reverse side to be used for special remarks or explanatory memorandum concerning above ratings.







Date MAR 30 1942

FROM: Chief, Authorization Subdivision  
TO: Chairman, Central Disability Board  
SUBJECT: (b)(6)

McIntire  
(Veteran's name)

The attached file is submitted for rating on account of (state below the specific purpose for which rating is necessary).

*See rating 3/3/34 - 40% Reg 12, Myocarditis & Arthritis*

*Rating of 10/17/35 - Reg 12 Presumption rebutted for Myocarditis & Arthritis*

*Please reconcile ratings and return special to Arch #1  
40% involved.*

The evidence of record has been reviewed in the light of the provisions of paragraphs 3 and 5, Instruction No. 2, Regulation No. 1-A and other instructions, and no legal bar to entitlement by reason of misconduct (other than the specific diseases and their sequellae), line of duty or type of discharge, is shown by the record, except for the enlistments beginning \_\_\_\_\_ and ending \_\_\_\_\_ and except as to \_\_\_\_\_, incurred on \_\_\_\_\_

Purvis  
for H. J. COOPER

Group No. 1

FILE



RECEIVED

Veterans' Claims Service  
CLAIMS DIVISION

MAR 30 1942

CENTRAL DISABILITY BOARD

Referred to



ORIGINAL

et

(b)(6)

Name McINTIRE, Clide C.

(b)(6)

(b)(6)

STATEMENT REGARDING DEPENDENTS OF PERSONS RECEIVING  
HOSPITAL TREATMENT, INSTITUTIONAL, OR DOMICILIARY CARE

1. Are you single, married, widowed, or divorced? married
2. Have you a child or children? no If so, give age of youngest child \_\_\_\_\_  
(Yes or no)
3. Have you a mother or father dependent upon you for support? no
4. Are you in receipt of compensation, pension, or emergency officers' retirement pay? yes  
(Yes or no)
5. If so, state which pension Monthly amount, \$ 60.00

and Veterans Administration office having custody of your case file Washington, D.C.

6. My service in the armed forces of the United States was as Cpl. Co. A, 44th US Inf.  
(Rank)

2★ P.I.

(Organization)

(Serial No.)

(State war, expedition, or peacetime service)

I HEREBY CERTIFY that answers to all questions are true and complete to the best of my knowledge and belief; and that the foregoing statements are made with full knowledge of the penalty provided for making a false statement as to a material fact in connection with a claim for any of the benefits mentioned in item 4 hereof.

Clide C McIntire  
(Signature of claimant)

SUBSCRIBED AND SWORN TO before me this 15th day of March, 1942,  
by Clide C. McIntire, affiant, to whom the statements herein were  
fully made known and explained.

[SEAL]

Caroline H. Sigler  
(Notary public or Veterans Administration employee designated to  
administer oaths, etc.)

I CERTIFY THAT the affiant named above:

- (a) Entered this institution on the 15th day of March, 1942
- (b) Was discharged from this institution on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_
- (c) Class of discharge from the institution \_\_\_\_\_
- (d) Notice of reduction was (not) received.

J. H. McClellan  
(Officer in charge)  
J. H. MC CLELLAN, M.D. CLINICAL DIRECTOR  
(Name of institution)

VETERANS ADMINISTRATION FACILITY, LOS ANGELES, CALIFORNIA

(SEE INSTRUCTIONS—OVER)

(Address of institution)



MAR 2 0 1942

### IMPORTANT INSTRUCTIONS

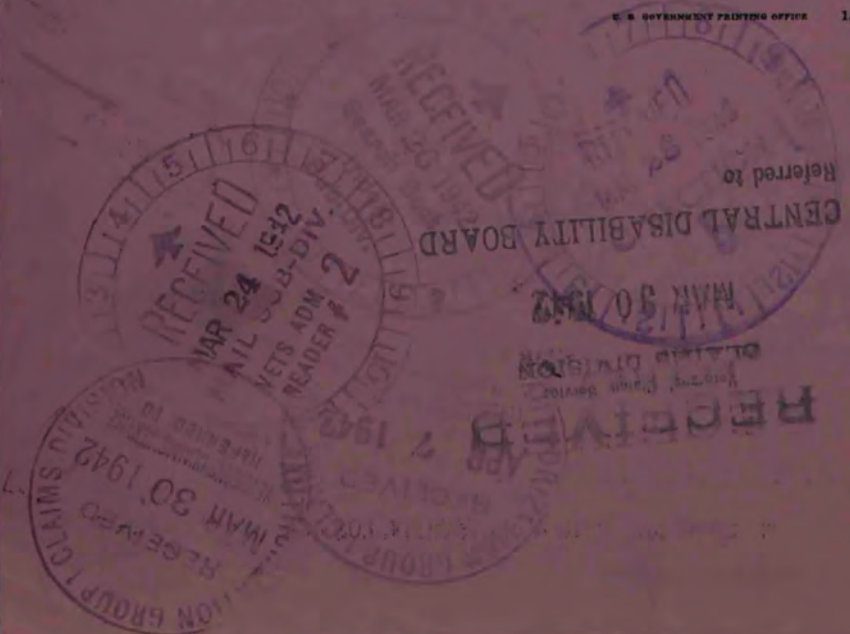
This form will be prepared in triplicate. The original, signed by the claimant and showing date of admission, will be dispatched within twenty-four (24) hours of admission:

1. To the office of the Veterans Administration having custody of the claimant's case file as indicated on the form.
2. If not disposed of under No. 1, then:
  - (a) To the office of the Veterans Administration having jurisdiction of the territory in which is located the admitting institution, if claimant is a World War veteran;
  - (b) To Central Office in all other cases.
3. When a claimant is discharged or furloughed for a period of thirty (30) days or more the officer in charge will fill in items (b), (c), and (d) of his certification on the first retained copy and dispatch as above indicated within twenty-four (24) hours of discharge or furlough.
4. The second copy will be retained by the admitting institution and, to insure a complete record of admission and discharge, item (a) of the certification of the officer in charge should be filled in when notice of admission is dispatched, and items (b), (c), and (d) of the certification when notice of discharge or furlough for a period of thirty (30) days or more is dispatched.

NOTE.—In the event the claimant is unable, because of his physical or mental condition, to execute this form upon admission to the institution, it will be executed by the chief officer of the institution. In these instances the information will be obtained from Veterans Administration Form P-10, if of record.

Upon receipt by the Veterans Administration office these forms will be handled in accordance with R. & P. 1274 to 1284:

U. S. GOVERNMENT PRINTING OFFICE 15-737





## REQUEST FOR DATA RELATIVE TO

DOMICILIARY CARE, HOSPITAL OR OUT-PATIENT TREATMENT

Date July 25,, 19 42.From: (Manager) (Chief Medical Officer) (Chief, Out-patient Service) C-9LOS ANGELES, CALIFORNIA

(Office)

To: (Manager) (Adjudication Officer) (Director, Veterans Claims Service)Washington, D. C.

(Office)

Name McINTIRE, Clyde C.C- (b)(6)

(Additional information)

Please furnish at once the following data regarding the above named veteran:

1. Dates of enlistment and discharge, rank, organization, and character of discharge from each period. Enlisted September 6, 1899 in Company A, 44th Regiment U. S. Volunteer Infantry and was honorably discharged, a Corporal June 30, 1901, not for disability incurred in line of duty. The 44th Infantry participated in the Philippine Insurrection from November 20, 1899 to June 25, 1901.
2. If the applicant's only active service was during peace-time, was he honorably discharged for disability incurred in line of duty? (Yes) (No) If yes, name disease or injury. \_\_\_\_\_
3. What diseases or injuries are service connected? Myocarditis, Arthritis, Chronic
4. What diseases or injuries are not service connected? Arthritis, chronic; left knee; enlarged liver, moderate arteriosclerosis; sciatic neuralgia right mild; chronic conjunctivitis; chronic myocarditis moderate; chronic aortitis; hypertension; sacro-iliac arthritis, mild
5. Has applicant filed claim for monetary benefits which has been disallowed or adjudicated? No
6. Amount of pension or compensation being paid for disability due to service \$80.00  
Not due to service \_\_\_\_\_
7. Information relative to infractions of facility discipline occurring during the past year, as shown by Form 2593, Record of Domiciliary or Hospital Care, in the case file. If there is no record of infraction, so state. No record
8. Has applicant ever received domiciliary care? Yes What years? \_\_\_\_\_
9. Applicant's most recent (hospital treatment) (~~domiciliary care~~), as shown by (his case file) (Form P-10 filed at this station) was at Los Angeles, California from March 15 1942 to May 13, 1942  
(Date) (Date)
10. Race White. Names and addresses of dependents and fiduciary (if any). Wife, 311 North Venice Blvd., Los Angeles, California

August 5, 1942

(Date)

GEORGE E. BROWN(Manager) or (Adjudication Officer)  
(Director, Veterans Claims Service)

MCE-Bb

EPT:mhf

EPT: mhf



FILED: 65  
JUL 31 1942  
VET. REC.



RECEIVED  
AUG 1 - 1942  
FIELD SUPERVISION DIVISION  
VETERAN'S CLAIMS SERVICE



COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

MC INTIRE, Clyde G. (Last, first, middle name of veteran) HOSP RAPR 8047 (E) (Class of benef.) (b)(6) (No.)

Institution (b)(6) (Date of admission) 15, 1942

Permanent address of patient (b)(6) (County) Birthplace Kan.

Sex M Race W Date of birth 9-6-99/9-30-01 (Month, day, year) Marital status Last rank and organization Cpl. Co. A 44th US V.I.

Date of most recent military service 9-6-99/9-30-01

Admitted by Vet. Adm.: † (Fac.) (Office) L.A. (Location) for † (Hospital treatment) (Department)

(Observation and examination). Dr. Traxler CF-60

GMS	DIAGNOSIS (Name in order of severity and importance)	Diag. No.	SERVICE ORIGIN		TREATED		Result of Treatment (Condition, if untreated)
			Yes	No	Yes	No	
1	Cholecystitis, chr. with acute exac.	0262		X	X		Cured
2	Cholelithiasis	0264		X	X		
3	Arthritis, chr. mult.	0139		X		X	Unimproved
4	Cardiac disease	411410		X		X	
5	a) Arteriosclerosis						
6	b) Myocardial damage						
7	c) Cardiac enlargement						
8	d) Angina						

Operations During This Hospitalization		Oper. No.	Inj. or Dis. for which Oper.	Date of Operation	Anesthetic	Result
1	Colitis, chr.		0297	X	X	Improved
2	Impaired hearing		0380	X	X	Unimproved

Disposition Discharged Date of disposition 5-13-42

Reason for disposition Max. Benefit

Cause of death Direct Indirect

Actual Number of Days in Hospital 59

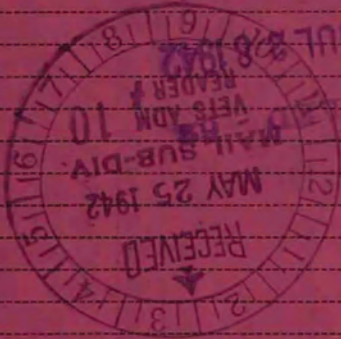
\* M for married, W for widower, D for divorced, S for single.  
† Delete inapplicable clause.  
White card to Central Office; red to station having case file; retain green card.

COMPLETED

J. H. McVellau  
(Signature and title of preparing officer)  
MEDICAL DIRECTOR

VETERANS ADMINISTRATION—Medical Form 2593—Rev. Nov. 1933 15-579 RECORD OF HOSPITALIZATION OR DOMICILIARY

Remarks: \_\_\_\_\_



**LEAVES OF ABSENCE AND TRIAL VISITS**

Date Began	No. Days Granted	Date Returned	No. Days Absent
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			

**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient)

15-579

U. S. GOVERNMENT PRINTING OFFICE



DUPLICATE

Name McINTIRE, Clide C.

(b)(6)

C.No. 2 360 708

STATEMENT REGARDING DEPENDENTS OF PERSONS RECEIVING  
HOSPITAL TREATMENT, INSTITUTIONAL, OR DOMICILIARY CARE

1. Are you single, married, widowed, or divorced? married
2. Have you a child or children? no If so, give age of youngest child \_\_\_\_\_  
(Yes or no)
3. Have you a mother or father dependent upon you for support? no
4. Are you in receipt of compensation, pension, or emergency officers' retirement pay? yes  
(Yes or no)
5. If so, state which pension Monthly amount, \$ 60.00
- and Veterans Administration office having custody of your case file Washington. D.C.
6. My service in the armed forces of the United States was as Cpl.Co.A, 44th US Inf.  
(Rank)
- St P.I.
- (Organization) (Serial No.) (State war, expedition, or peacetime service)

I HEREBY CERTIFY that answers to all questions are true and complete to the best of my knowledge and belief; and that the foregoing statements are made with full knowledge of the penalty provided for making a false statement as to a material fact in connection with a claim for any of the benefits mentioned in item 4 hereof.

Clide C McIntire  
(Signature of claimant)

SUBSCRIBED AND SWORN TO before me this 15th day of March, 19 42,  
by Clide C. McIntire, affiant, to whom the statements herein were  
fully made known and explained.

[SEAL]

Caroline H. Sigler  
(Notary public or Veterans Administration employee designated to administer oaths, etc.)  
VETERANS ADMINISTRATION - FORM 460B

I CERTIFY THAT the affiant named above:

- (a) Entered this institution on the 15th day of March, 19 42
- (b) Was discharged from this institution on the 13th day of May, 19 42
- (c) Class of discharge from the institution M.H.B.
- (d) Notice of reduction was (not) received.

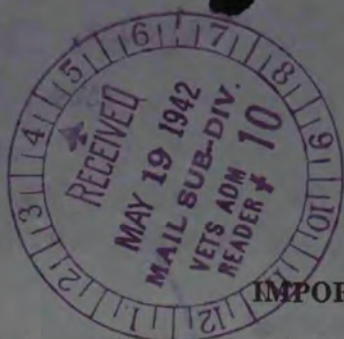
J.H. McClellan  
(Name of institution)

VETERANS ADMINISTRATION FACILITY, LOS ANGELES, CALIFORNIA

(SEE INSTRUCTIONS—OVER)

(Address of institution)





FILED - 76

MAY 21 1942

VET. REC.

### IMPORTANT INSTRUCTIONS

This form will be prepared in triplicate. The original, signed by the claimant and showing date of admission, will be dispatched within twenty-four (24) hours of admission:

1. To the office of the Veterans Administration having custody of the claimant's case file as indicated on the form.
2. If not disposed of under No. 1, then:
  - (a) To the office of the Veterans Administration having jurisdiction of the territory in which is located the admitting institution, if claimant is a World War veteran;
  - (b) To Central Office in all other cases.
3. When a claimant is discharged or furloughed for a period of thirty (30) days or more the officer in charge will fill in items (b), (c), and (d) of his certification on the first retained copy and dispatch as above indicated within twenty-four (24) hours of discharge or furlough.
4. The second copy will be retained by the admitting institution and, to insure a complete record of admission and discharge, item (a) of the certification of the officer in charge should be filled in when notice of admission is dispatched, and items (b), (c), and (d) of the certification when notice of discharge or furlough for a period of thirty (30) days or more is dispatched.

NOTE.—In the event the claimant is unable, because of his physical or mental condition, to execute this form upon admission to the institution, it will be executed by the chief officer of the institution. In these instances the information will be obtained from Veterans Administration Form P-10, if of record.

Upon receipt by the Veterans Administration office these forms will be handled in accordance with R. & P. 1274 to 1284.





NO INTIRE, Slide C. REG HOSP RAMP 6047 (21) (b)(6) (C.No.) (Register No.)

Institution (Last, first, middle name - Veteran) (b)(6) (Date of admission)

Permanent address of patient (Name and Address) (City) (County) (State) Kan.

Sex Race Date of birth (Street) 8-21-78 (City) \*Marital status Birthplace

Date of most recent military service 8-8-00/8-30-01 (Year) Last rank and organization Cpl. Co. A, 44th US V.I.

Admitted by Vet. Adm.: † (Fac.) (Office) for † (Hospital treatment) (Domiciliary care)

(Observation and examination). (Location) Dr. Fraxler CP-60

DIAGNOSIS (Name in order of severity and importance)	Diag. No.	SERVICE ORIGIN		TREATED		Result of Treatment (Condition, if untreated)
		Yes	No	Yes	No	
Acute exas. chr. cholecystitis.	0262		X			
1 (Most important condition for which hospitalized at this time)						
2						
3						
4						
5						
Complications. 1						
Sequela, etc. 2						

Operations During This Hospitalization	Oper. No.	Inj. or Dis. for which Oper.	Date of Operation	Anesthetic	Result
1					
2					

Disposition Date of disposition Actual Number of Days in Hospital

Reason for disposition

Cause of death { Direct Indirect

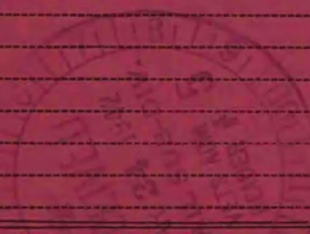
\* M for married, W for widower, D for divorced, S for single.  
† Delete inapplicable clause.  
White card to Central Office; red to station having case file; retain green card.

ADMISSION (Signature of Attending Officer)

VETERANS ADMINISTRATION—Medical Form 2593—Rev. Nov. 1933 15-579 RECORD OF HOSPITALIZATION OR DOMICILIARY CARE

Remarks: \_\_\_\_\_

FILED  
MAR 30 1942  
FBI - PITTSBURGH



**LEAVES OF ABSENCE AND TRIAL VISITS**

Date Began	No. Days Granted	Date Returned	No. Days Absent
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____
11. _____	_____	_____	_____

**DISCHARGED CONTRARY TO MEDICAL ADVICE**

I hereby certify that I am discharged on my own request and contrary to the advice of the head of this institution.

Date \_\_\_\_\_

(Signature of patient)

15-579

U. S. GOVERNMENT PRINTING OFFICE



NOTICE OF CHANGE IN STATUS OF BENEFICIARY  
RECEIVING HOSPITAL OR DOMICILIARY CARE

MCC-B-1

To Manager, Los Angeles, California.  
(Facility)

April 9, 1942.  
(Date)

Name McINTIRE, Clide C.

C. No. (b)(6)

The above veteran has been awarded pension

(Compensation, pension, or emergency officers' retirement pay)

Veterans' Reg. 12, Public #2, 73rd Congress,

in the sum of \$ 80.00

(limited to \$15.00 monthly while hos-  
pitalized) per month, under

authority of \_\_\_\_\_ on account of the  
(Public Law or Regulations applicable)

following diseases or injuries for which monetary benefits are payable:

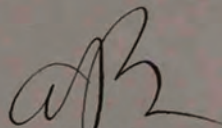
**Myocarditis; arthritis, chronic.**

The following diseases or injuries for which monetary benefits are not payable have been rated as service connected:

**None.**

The following diseases or injuries have been rated as not service connected:

**Enlarged liver, moderate; arteriosclerosis; sciatic neuralgia, right, mild; chronic conjunctivitis; chronic aortitis; hypertension; sacro-iliac arthritis, mild.**

  
GEORGE E. BROWN,

Adjudication Officer.

Director, Veterans' Claims Service,  
Central Office.

Facility or Regional Office.



## REQUEST FOR DATA RELATIVE TO

DOMICILIARY CARE, HOSPITAL OR OUT-PATIENT TREATMENT

Date March 16, 1942

From: (Manager) (Chief Medical Officer) (Chief, Out-patient Service)

c/10

L.A.S. ANGELES, CALIFORNIA

(Office)

To: (Manager) (Adjudication Officer) (Director, Veterans Claims Service)

Washington, D. C.

(Office)

Name McINTIRE, Clide C.C- (b)(6)

(Additional information)

Please furnish at once the following data regarding the above named veteran:

1. Dates of enlistment and discharge, rank, organization, and character of discharge from each period. Enlisted 9-6-99; honorably discharged 6-30-01, Corporal, Co. A, 44th U.S. Vol. Infantry, not for disability incurred in line of duty.
2. If the applicant's only active service was during peace-time, was he honorably discharged for disability incurred in line of duty? (Yes) (No) If yes, name disease or injury. ---
3. What diseases or injuries are service connected? Myocarditis, None
4. What diseases or injuries are not service connected? Myocarditis  
Enlarged liver, mod.; chronic  
arthritis, left knee; artiosclerosis; sciatic neuralgia right mild; chronic conjuncti-  
vitis; chronic myocarditis moderate; chronic aortitis; hypertension; sacro-iliac  
arthritis mild.
5. Has applicant filed claim for monetary benefits which has been disallowed or unadjudicated? See 3 & 6
6. Amount of pension or compensation being paid for disability due to service \$55.00  
Not due to service \$60.00-
7. Information relative to infractions of facility discipline occurring during the past year, as shown by Form 2593, Record of Domiciliary or Hospital Care, in the case file. If there is no record of infraction, so state. No record
8. Has applicant ever received domiciliary care? No record What years? ---
9. Applicant's most recent (hospital treatment) (domiciliary care), as shown by (his case file) (Form P-10 filed at this station) was at No record  
from --- to ---  
(Date) (Date)
10. Race White. Names and addresses of dependents and fiduciary (if any). Dependents not shown

March 26, 1942

(Date)

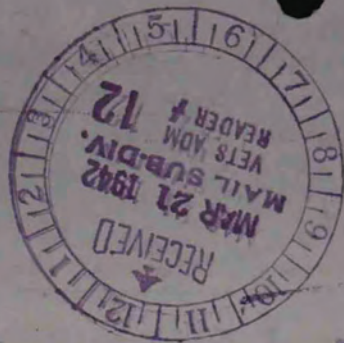
MCB-Bb

NVB:11

GEORGE E. BROWN

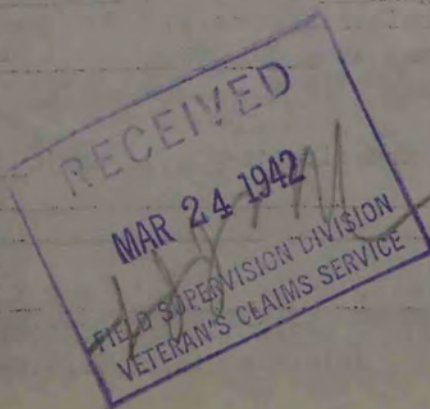
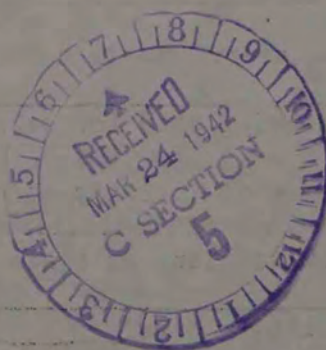
(Manager) or (Adjudication Officer)  
(Director, Veterans Claims Service)





MY NO = 62

MAR 24 1942



CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

may ch# 17891351

DATE SECTION  
AND  
CHRONOLOGICAL

Date

MAY 14 1941

FROM ACCOUNTING

(Designate Division of Central Office or Field Station)

To DISBURSING

(Indicate activity to which to be forwarded—Central Office or Field Station)

SUBJECT: Change Address—(Name)—under 5B2

(Cross out one not applicable) (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension)

1. Present full name of payee Clide C. McIntire

2. Former address

(b)(6)

3. New address

4. Person in service

Same

DIVISION OF DISBURSEMENT

5. Former name of payee

MAY 31 1941

Submitted by

(Signature)

CHECKS MAILED TO  
NEW ADDRESS

(Official title)

c- 5/5/41-rfm-cwd

U. S. GOVERNMENT PRINTING OFFICE

15-772

Approved by

(Signature)

(Official title)

(Region No. ....)

READY FOR  
F I L E  
MAY 24 1941  
VANS ACCOUNTS SUB DIV

5/14/41

*[Handwritten signature]*



SIXTY \* \* \*

\$60.00

CLIDE C MC INTIRE

(b)(6)

(b)(6)

CALIF

5/23/41

RECEIVED  
MAY 20 1941  
RETURN CHECK SECTION  
DIV. OF DISBURSEMENTS

RECEIVED  
MAY 28 1941  
ACCOUNTING DIV.  
VETERANS' ACCTS. SUBD.

RECEIVED  
MAY 16 1941  
MAIL SECTION  
DIV. OF DISBURSEMENT

PERIODIC PAYMENT SUBD.  
RECEIVED  
MAY 15 1941  
GRAPHOTYPE  
AND  
FILES SECTION

RECEIVED  
MAY 28 1941  
VET. ACCTS. SUBD.  
SECTION #1

RECEIVED  
MAY 14 1941  
VET. ACCTS. SUBD.  
SECTION #1

RECEIVED  
MAY 14 1941  
ACCOUNTING DIV.  
VETERANS' ACCTS. SUBD.

VETERANS ADMINISTRATION

Form 537

Revised Sept. 1935

CHANGE OF NAME OR ADDRESS NOTICE

C  
I  
A  
K

(b)(6)

7-1-39  
(b)(6)

FEB 3 1939

From Accounting

(Designate Division of Central Office or Field Station)

To Disbursing

(Indicate activity to which to be forwarded—Central Office or Field Station)

Subject: Change Address--(Name)--under

(Cross out one not applicable (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension))

1. Present full name of payee Clide C. McIntire

2. Former address

(b)(6)

3. New address

4. Person in service same

5. Former name of payee

c 1-31-39 ib-impl

Submitted by

Approved by

(Signature)

(Signature)

(Official title)

(Official title)

(REGION NO.....)

MAILED  
DIVISION OF DISBURSEMENT  
FEB 28 1939  
CHECKS MAILED TO  
NEW ADDRESS 2



SIXTY \* \* \*

\$60.00

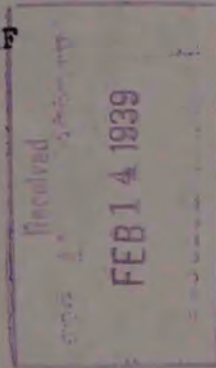
CLIDE C MC INTIRE

(b)(6)

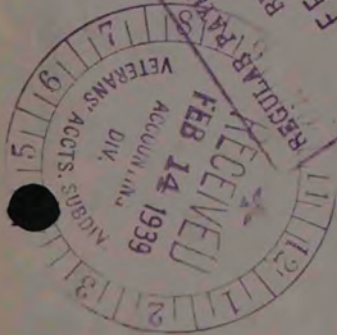
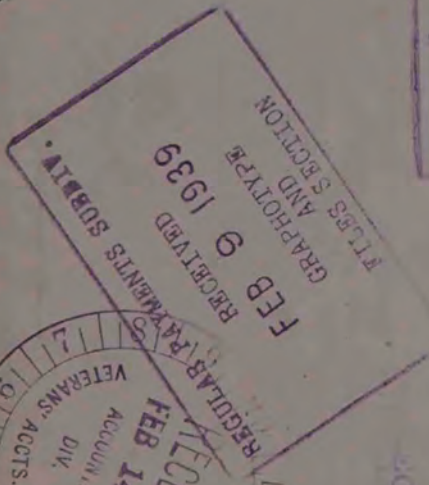
VENICE

EX 122

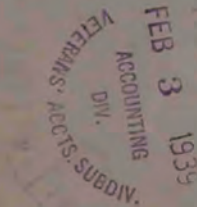
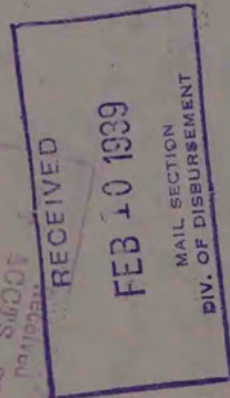
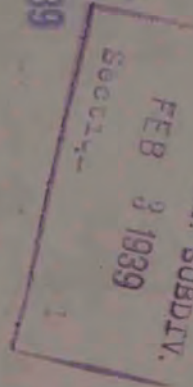
CALIF



*2-10-39*  
*[Signature]*



FEB 21 1939



CHANGE OF NAME OR ADDRESS NOTICE

C (b)(6)  
I  
A  
K

Date

MAIL SECTION  
DIVISION OF DISBURSEMENT  
OCT 31 1938

FROM Accounting

(Designate Division of Central Office or Field Station)

To Disbursing

(Indicate activity to which to be forwarded—Central Office or Field Station)

SUBJECT: Change Address—(Name)—under

(Cross out one not applicable) (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension)

1. Present full name of payee Glide C. McIntire

2. Former address

3. New address

4. Person in service

Same

5. Former name of payee

c 10-7-38 cah flf

Submitted by

Approved by

(Signature)

VETERANS ACCOUNTS SUB DIV

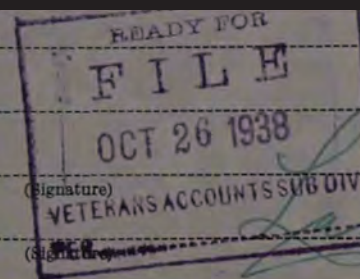
(Official title)

(Signature)

(Official title)

(Region No. ....)

(b)(6)



CHECKS MAILED TO  
NEW ADDRESS

W. C. McIntire  
10-7-38  
cah

Col ch # 189 9/1/2

972



CLIDE C MC INTIRE

(b)(6)

(b)(6)

CALIF

*miled  
10-26-38  
HAK*

FILED 47

NOV 1 - 1938

VET. REG.

Received  
VET. ACCTS. SUBDIV.  
OCT 22 1938  
Section #1

RECEIVED  
REGULAR PAYMENTS SUBDIV.  
OCT 18 1938  
GRAPHOTYPE  
FILMS AND  
X-RAYS SECTION

RECEIVED  
OCT 19 1938  
MAIL SECTION  
DIV. OF DISBURSEMENT

RECEIVED  
OCT 15 1938  
MAIL SECTION  
DIV. OF DISBURSEMENT

Received  
VET. ACCTS. SUBDIV.  
OCT 15 1938  
Section #1

August 25, 1937

M CG-De

McINTIRE, Clide G.

(b)(6)

Mr. P. J. Callan,  
Quartermaster General,  
United Spanish War Veterans, Inc.,  
40 G Street, Northeast,  
Washington, D. C.

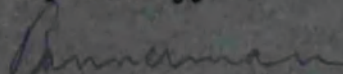
Dear Sir:

This has reference to the claim of this veteran,  
Clide G. McIntire.

An examination has been made of the evidence presented, including a report of the veteran's last physical examination, and it is shown that this veteran has been totally incapacitated for the performance of manual labor from May 12, 1937. His pension has, therefore, been increased from \$50.00 to \$60.00 monthly from that date, in accordance with present regulations. Appropriate action has been taken to adjust his account.

If dissatisfied, Mr. McIntire may make application for review on appeal to the Administrator of Veterans' Affairs at any time within one year from the date of mailing of this letter.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.

F. J. M.  
EY/mem



August 25, 1937

MCC-Dc

(b)(6)

Mr. Clide C. McIntire,  
P. O. Box 181,  
Redondo Beach, California.

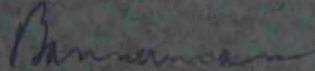
Dear Sir:

This has reference to your claim for increase in pension.

An examination has been made of the evidence presented and it is shown that you have been totally incapacitated for the performance of manual labor from May 12, 1937. Your pension has, therefore, been increased from \$50.00 to \$60.00 monthly from that date in accordance with present regulations. Appropriate action has been taken to adjust your account.

If dissatisfied, you may make application for review on appeal to the Administrator of Veterans' Affairs at any time within one year from the date of mailing of this letter.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.

*File  
24*

HY/1000



(b)(6)

*Phil. Ins. not incurred in Service*

**DECISION OF QUESTIONS OF FACT AND LAW**

**SUPPLEMENTAL AWARD BRIEF FACE**

**(Disability—Death—Compensation—Pension)**

*Am. Award Increased*

*Slide C. McIntire, Corp. Cad., 44th U.S. Inf.*  
(Name of veteran) (Rank and organization)  
*Slide C. McIntire (Same address)*  
(Name and address of payee)  
Class of {pension  
compensation} now being paid *\$50.00 monthly under Pub. 269, 74th Cong.*  
(Title of act and section or regulation)

Date on which basic decision of fact and law was approved *11-11-35*  
If award is increased, give date evidence of entitlement was received *Increased from 5-12-37*  
*under rating of 8-20-37 by Central Disability Board.*  
Is there any claim of the United States subject to recovery or offset? *Increased from 5-12-37*  
If so, state amount, \$\_\_\_\_\_ and  
how to be recovered \_\_\_\_\_

Reason for amendment (to be followed by additional remarks and information where necessary):

*Veteran 75% disabled from 8-13-35 and*  
*totally disabled from 5-12-37 under Pub. 269,*  
*74th Cong., reenacting Act of 6-2-30.*  
*Claims filed 8-14-28; 1-7-31 and 5-12-37*

Pursuant to the above the claimant is entitled to the following

award of {pension  
compensation} under the provisions of the {act of March 20, 1933, Public No. 2, 73d Congress, as amended.  
act of March 28, 1934, Public No. 141, 73d Congress.  
act of June 28, 1934, Public No. 484, 73d Congress.  
(STRIKE OUT PORTION NOT APPLICABLE)

New award	Monthly payment	Commencing date	Ending date	New award	Monthly payment	Commencing date	Ending date
75%	\$50.00	8-13-35	5-11-37				
100%	60.00	5-12-37					
	(Less prior payments)						

Submitted *8-25-1937* by *E. Young* Title *Adj.*

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public No. 2, 73d Congress, as amended, title III, Public No. 141, 73d Congress, and Public No. 484, 73d Congress, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved *8-25-1937* by *W. J. Dammann* Title *Atty. Gen.*  
*C.O.*



*[Faint, mostly illegible handwritten text, possibly bleed-through from the reverse side of the page.]*

CLAIMS TYPING SECTION, CLAIMS DIVISION  
RECEIVED  
AUG 25 1937  
VETERANS CLAIMS SERVICE  
REFERRED TO

FORWARDED TO:  
FINANCE SERVICE  
Award Typing Section,  
Claims Division

SEARCHER

PLEASE OBTAIN

1. Whether Bureau Employee
- ✓ 2. Report of Payments *from 7-1-33*
3. Report of Hospitalization

(b)(6)

NAME - *Clide C. Mc Intire*  
SERVICE *Inf. of Saw*

*Attached*  
*E Young*  
*Ad. Supp*  
*Spec Auth*

*8/21/37*



Veterans Administration  
Fin. Form 1317, Rev. Oct. 1935

IDENTIFICATION AND DATA SLIP

Payee *Clide B. McIntire*

& Wife *Bessie L. McIntire*

(*(b)(6)*)

Number ( )

Assigned ( )

War ( )

Rate \$ ( ) Code ( )

Date ( ) Clerk ( )

DATA FOR CORRESPONDENCE OR DISPOSITION

(Use reverse side if additional space is necessary.)

(Must be initialed and dated by clerk supplying data)

*Wife paid.*

*15.00 7/1/33 to 3/30/34 S.C. rate while  
stop - Disch 3/30/34*

*40.00 4/1/34 - D.C.*

*28.00 7/1/34 S.C. - appt to wife*

*40.00 5/13/35 - Divorced*

*50.00 8/13/35 - to ~~Payee~~*

*Wife Paid.*

*12.00 7/1/34 to 5/12/35 - dated Div.*

82037

RATING SHEET—CENTRAL DISABILITY BOARD  
WASHINGTON, D. C.

Date

AUG 20 1937

C-No.

(b)(6)

MCC-A-I-mek

In re: McINTIRE, Clide C.

(Claimant's name)

PO 181, Redondo Beach, Calif.

(Address)

Date of enlistment 9-6-99

Date and nature of discharge 6-30-01

Date of last examination

- 8-4-37

Prewar occupation

Variants

Rating:

Seventy-five per cent (75%) from 8-13-35 to 5-11-37

One hundred per cent (100%) from 5-12-37

Public 269, 74th Congress

(B) Permanent total from 5-12-37

Reg. 1(a) Part III, Par I(a)

Myocarditis

Total rating based on provisions of page 5, 1933

SDR 2nd edition

Examination of Dr. J. Russell Shea received 5-12-37  
accepted as official in accordance with S.O. dated  
9-6-35.

(Member)

(Member)

W. B. PARKER, M. D.

for V. E. WATKINS, M. D.

Chairman.



## Date \_\_\_\_\_

Date of enlistment.....

Date and character of discharge.....

Date of last examination.....

C No

(Name)

(Address)

The disabling effect of each disease or injury must be set forth separately in the order of severity showing the respective diagnosis and the beginning and ending dates of ratings. The numbers and letters shown below correspond to those in Instructions under Regulation No. 3 series. The appropriate number, letter, or enlistment service will be circled.

CODE	DIAGNOSIS	% FROM— TO—	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 a b c d e f g h i j k l m n o p q r s t u v w x y z aa bb cc dd ee ff gg hh ii jj kk ll mm SAW BR PI WW PTE
09	5-12 +74 +75	8/13/35 to 5/11/37 5/12/37	
	(B) Myocarditis	5/12/37 829	
	McClellan Dr. J. Russell Shea 5-12-37		

Rating Specialist

Rating Specialist

Rating Specialist

NOTE.—If additional space is necessary, use extra work sheets. Reverse side to be used for special remarks or explanatory memorandum concerning above ratings.

REFERENCE SLIP  
Director Veterans Claims Service  
Referred to- Washington, D. C.

For approval \_\_\_\_\_  
attention XXXX \_\_\_\_\_  
comment \_\_\_\_\_  
correction \_\_\_\_\_  
follow-up \_\_\_\_\_  
recommendation \_\_\_\_\_  
report \_\_\_\_\_  
To call me \_\_\_\_\_ see me \_\_\_\_\_  
indicate changes \_\_\_\_\_  
note and file \_\_\_\_\_  
note and return \_\_\_\_\_  
prepare reply \_\_\_\_\_  
rewrite \_\_\_\_\_  
send literature \_\_\_\_\_

When necessary to identify papers to which this  
form is attached, write subject, date, author, etc.,  
here McINTIRE, Clyde C.  
(b)(6)

Report of physical examination in  
Remarks compliance with your form 2507  
dated May 17, 1937

Date 8-10-37 From VAF LOS ANGELES



VETERANS ADMINISTRATION  
Medical Form 2545  
(Rev. Nov. 1935)

## PENSION

Read carefully, INSTRUCTIONS, page 8. Use  
"Additional", page 7, when the space under any  
caption is not sufficient for notations.

## REPORT OF PHYSICAL EXAMINATION

(b)(6)

Date of admission to hospital \_\_\_\_\_, 193

C-No. \_\_\_\_\_  
(See par. 7, page 8)Date of discharge from hospital \_\_\_\_\_, 193  
(See par. 9, page 8)

1. Claimant's name McINTIRE, Clide C. Address P.O. Box 181,  
(Last) (First) (Middle) Redondo Beach, Calif.

2. Examined V.A.F., Los Angeles, Calif. 8-4-37 3. Age 58 Color Wh  
(Place) (Began—date) (Ended—date)

Birthplace Kansas Race cauc. Color of eyes brown Color of hair brown

4. Height 72 inches. Weight (weigh him) 218 Highest weight in past year 220

5. Permanent marks and scars other than described below:  
None.

6. Rank and organization Cpl. Co. A, 44th Date of enlistment 9-6-99; of discharge 6-30-01  
U.S. Vol. Inf.

7. Origin and date of incurrence of disability as alleged by claimant:  
(Re-examination)

## 8. Brief medical and industrial history:

(In first examinations, this history must cover sufficiently the time elapsing since date of discharge from military service. When previous examinations have been made, the examiner will record only the medical and industrial history covering the period since the most recent previous examination, thereby bringing it up to date of his examination. If, for any reason, such history cannot be obtained, the reason therefor must be stated. The data to be noted are: When, where, by whom, and for what condition has the veteran received medical treatment? When, where, by whom, and at what occupation and wages was he employed, and how continuous was the employment?)

"Am not working now and have not since 1933. I have been getting some medicine for my heart at this Facility, off and on."

RECEIVED

APPROVED

ASST. CHIEF, OUTPATIENT SERVICE

AUG 16 1937

BUG-  
VETERANS ADMINISTRATION



9. Present complaint (subjective symptoms, not diagnosis):  
 "At night when I go to bed I have pain in my heart. My back  
 pains me a lot and I can hardly move at times. I am always short  
 of breath on the least exertion."

STATEMENT BY CLAIMANT. My answers to questions 8 and 9 have been read to me, and I hereby certify that the  
 medical and industrial history are correct and the complaints recorded are all that I am suffering from, to the best  
 of my knowledge and belief.

Signature of claimant (or his mark)

*Chas. C. McIntire*

*For the physical examination the claimant must be stripped.*

10. Temperature <sup>99</sup> Respiratory rate: Standing <sup>18</sup> : immediately after exer-  
 cise <sup>27</sup> ; 3 minutes after exercise <sup>21</sup> Pulse rate: Standing <sup>100</sup> ; immediately after  
 exercise <sup>140</sup> ; 3 minutes after exercise <sup>110</sup> Any arrhythmia of pulse? <sup>No.</sup>  
 (If so, describe \_\_\_\_\_)

\_\_\_\_\_ ) Blood pressure:  
 (Taken 3 minutes after exercise)  
 Systolic <sup>150</sup> , diastolic <sup>90</sup>  
 (The exercise test will consist of 25 hops, alternately, on each foot)

11. General appearance <sup>obese</sup> ; nutrition <sup>good</sup> ; muscular development <sup>good</sup> ;  
 carriage <sup>normal</sup> ; posture <sup>erect</sup> ; gait <sup>normal</sup> .

12. Eyes: External structures, each eye \_\_\_\_\_  
 E.E.N.T. report attached.  
 Internal structures, each eye (if practicable) \_\_\_\_\_

Vision (Snellen chart): Uncorrected R- 20/ L- 20/  
 Corrected R- 20/ L- 20/

13. Ears: Auditory canals: Normal? \_\_\_\_\_ Discharge? \_\_\_\_\_ From external canal or  
 middle ear? \_\_\_\_\_ Mastoidectomy scar? \_\_\_\_\_ Appearance of membrana tym-  
 pani? \_\_\_\_\_ Ordinary conversation heard: Right \_\_\_\_\_ feet; left \_\_\_\_\_ feet.  
 (Test only at prescribed distances—1, 2, 5, 10, 15, 20 feet). Tests for bone conduction  
 (Specify Rinné, Weber, Schwabach): \_\_\_\_\_

14. Nose, throat, sinuses: Normal? \_\_\_\_\_ If not, record findings: \_\_\_\_\_



(b)(6)

VETERANS ADMINISTRATION  
Medical Form 2545  
(Rev. Nov. 1935)

(See par. 7, page 8)

15. Cardio-vascular system: Normal? No.

(If not, record area of heart dullness, murmurs, thrills, dyspnea, cyanosis, oedema. Any aneurism? (If so, describe.) Any arteriosclerosis. (If so, what degree?) Record any electrocardiographic examination made under "Laboratory examinations.")

Temporal vessels are all tortuous. Peripheral vessels are markedly sclerosed. Rate is rapid and marked arrhythmia. Following exercise there is marked dyspnoea with cyanosis of nails and lips and ears. Heart sounds are muffled, indistinct and distant. The second aortic sound is markedly accentuated. First sound is not audible. There are no murmurs, no thrills. There is some edema of both ankles at this time.

16. Respiratory system: Normal? No.

(If not, give shape and measurements of chest on inspiration, expiration, and at rest. Any difference in mobility on or contour of sides? Record physical signs, in each lung separately, upon palpation, percussion, and auscultation. State quality and location of rales during inspiration following expiratory cough. State areas of infiltration, consolidation, and cavities, by lobes; record area of adhesions or fluid. Any cough, expectoration, or hemorrhage? Record sputum examinations under "Laboratory examinations.")

Chest is broad and deep, well nourished. Mobility fair, equal. Fremitus, negative. Percussion note hyperresonant throughout. Auscultation: harsh, broncho-vesicular breathing throughout with many, scattered, sonorous rales, more pronounced at bases, posteriorly. Gives history of very frequent colds and productive morning cough.

17. Digestive system: Are mouth, teeth, gums, stomach, intestines, liver, gall bladder, and rectum

normal? -----

(If not, describe findings. Record X-ray gastro-intestinal series and examination of stomach contents or feces under "Laboratory examinations.")

Teeth are in very poor state of repair, many missing, many carious. Abdomen is large, pendulous and covered with thick layer of superficial fat. Liver dullness is increased 3" below costal cartilage. Spleen is not palpable. There are no areas of tenderness nor muscular rigidity. No masses are felt.

Rectum: is negative.

18. Spleen; lymphatic glands: Normal? Yes. ----- If not, record findings.

15-490

19. **Nervous system:** Are brain, spinal cord, peripheral nerves, and mentality normal? Yes.-----  
 (If not, record mental and neurological findings: Intelligence, school, and general knowledge, memory for remote and recent events, orientation, retention, mental trends, emotional reactions; state of thinking processes, including attention; insight, cooperation, and deportment; hallucinations, delusions; stations and gait; Romberg's sign, deep and superficial reflexes, muscular atrophies, sensation disorders, tremors, paralyzes, contractures, etc. Is the patient competent? Any endocrine disorders? If so, describe symptoms in full. Record seriological tests under "Laboratory examinations.")  
 (Observe provisions of par. 6735, R & P, in determinations of incompetency.)

20. **Genito-urinary system:** Kidneys, bladder, prostate, penis, testicles normal? No.-----  
 (Record urine analysis (color, reaction, sp. gravity, albumin, sugar, casts, pus, blood, shreds) and permeability tests under "Laboratory examinations.")

The prostate is moderately enlarged and firm, particularly the<sup>400</sup> right lobe and isthmus. Gives a history of nocturia three and four times, some difficulty in starting and much dribbling.



VETERANS ADMINISTRATION  
Medical Form 2545  
(Rev. Nov. 1935)

(b)(6)

21. Rheumatism: Articular or muscular? Arthritis of left shoulder and lumbar spine. What joints affected? -----  
Motion of back limited 75% in forward bending. Complains of extreme pain on -----  
----- Swelling, crepitus, atrophy deformity, limitation of motion, ankylosis?  
regaining erect position. Lumbar muscles are flattened. There is marked cre-  
pitus in shoulder joint on passive motion. Can raise arm to shoulder level  
only, without complaint of excruciating pain.
22. Hernia: Inguinal, femoral, ventral, umbilica? No. Side? ----- Size? -----  
If inguinal, complete or incomplete? ----- Truss worn? -----  
Retained by truss? ----- Operable? -----
23. Hydrocele? No. Varicocele? No. Side? ----- Size? -----
24. Varicose veins? No. Size and location? -----  
Sacculated or ruptured? ----- Scars or ulcers? -----  
Elastic stocking worn? ----- Operable? -----
25. Pes planus (flat or weak foot)? Weak Side? bilateral Degree—first, second,  
third? third Abduction (eversion)? yes Inner border bulged? yes  
Painful? yes Limp? yes Stand on toes? no Pes cavus (hollow  
foot)? ----- Side? ----- High arch? ----- Dorsal flexion at ankle lim-  
ited on active and passive motion? ----- Associated equinovarus? -----  
Hallux valgus (bunion)? No. Side? ----- Painful? ----- Describe:
26. Skin (location, type, extent of lesions): Normal.
27. Residuals of gunshot wounds or other injuries:  
(Level of injury, location and character of scars, limitation of motion, muscle injury, effect on functions.)  
None.

28. Evidence of effects of past or present vicious habits (alcohol, narcotics, venereal infections):  
(Report laboratory tests under "Laboratory examinations.")

None.

29. Laboratory examinations:

(X-ray, including gastro-intestinal series; urine analyses; kidney permeability; sputum examinations; blood counts; blood sugar determinations; Wassermann test or modifications for blood and spinal fluid; other spinal fluid examinations; basal metabolism; electrocardiographic examination; examination of stomach contents; of feces, etc., if made.)

URINALYSIS: Straw color; alk. reaction; sp.gr. 1.021. Alb. neg.  
Sugar: neg. Few W.B.C. Many R.B.C. No casts. Many epith.

XRAY BACK AND LEFT SHOULDER: Report attached.





34218  
CLINICAL RECORD

Pen  
RE OUTPATIENT  
SERVICE, ROOM 9

ROENTGENOLOGICAL REPORT

58-58-6219  
From Ward \_\_\_\_\_ to X-ray Laboratory.

Date 8-4, 1937

Roentgenological examination requested

Left shoulder, lumbar spine & sacroiliacs.

Date of previous report \_\_\_\_\_

Clinical diagnosis

Arthritis

H. E. Roberts  
Medical Officer.

From X-ray Laboratory to Ward O-P Serv. - Dr. Roberts

Date Aug. 4, 1937

X-ray or fluoroscopic findings: McINTIRE, Clide C. - 58

34218

SHOULDER: Radiograph of the left shoulder discloses some irregularity at the acromial clavicular articulation with some lipping.

X-RAY IMPRESSION: Acromial clavicular arthritis.

LUMBAR SPINE: Radiographs of the lumbar spine disclose only changes incident to age. There is some obliteration and eburnation along both sacro-iliac lines.

X-RAY IMPRESSION: Sacro-iliac arthritis.

CVMcC

PLATE—FILM

Number	Size	Part X-rayed	Disposition

McIntire Clide C. Spw.  
(Surname) (Given name) (Class of beneficiary)

CVMcC  
Roentgenologist.

(b)(6)

Register No.)

ROENTGENOLOGICAL REPORT



RECEIVED

*Handwritten notes and stamps at the top of the page.*

RECEIVED  
AUG 20 1937  
MAIL DIVISION  
RECEIVED  
AUG 20 1937  
MAIL DIVISION

RECEIVED  
AUG 14 1937  
MAIL DIVISION  
RECEIVED  
AUG 1937  
MAIL DIVISION  
RECEIVED  
AUG 1937  
MAIL DIVISION

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*Large handwritten signature or name in the lower middle section.*

RECEIVED  
AUG 20 1937  
MAIL DIVISION



# CLINICAL RECORD

## OBJECTIVE SYMPTOMS

Room 9.  
Pension.

PHYSICAL EXAMINATION.—General appearance, weight (normal and present), eyes, ears, nose, tongue, teeth, throat, lungs, heart, arteries, pulse, blood pressure, abdomen, intestines, liver, spleen, kidneys, skin, mucous membranes, bones, joints, muscles, glandular system, nervous system, genito-urinary system. Special sheets will be used for neuropsychiatric patients, and for patients in whom the principal disability is disease of the lungs or teeth. Record a brief summary of findings leading to diagnosis. Diagnosis by name and number will be recorded on this sheet.

Date 8/4/37 Hour -----

EYES: O.D.V. 20/50 - corrects to 20/40 through a pin-hole.

O.S.V. 20/30 - corrects to 20/20 with a myopic correction.

EARS: There is a small pterygium, inner canthus, right eye; cornea and conjunctiva normal, left eye. Lids, muscles and reaction normal, O. U. Examination of the right fundus reveals a little degeneration around the macula; fundus otherwise essentially negative.

External auditory canals negative. Drums normal. Bone conduction normal. Hears conversational voice at 20 feet, bilateral.

NOSE:

Septum straight. No obstruction of the nostrils. Mucous membrane normal color.

THROAT:

Clinically negative tonsils.

DIAGNOSIS:

Pterygium, mild, O. D.  
Macular degeneration, beginning, right.

REMARKS:

No records at hand.

*J.S. Chase*  
J.S. CHASE, M.D. EENT Spec. Ward Surgeon.

McINTIRE, Clide C.	Cpl. Co. A, 44th U.S. Vol. Inf.	(b)(6)	W-4, 694
(Surname)	(Given name)	(Class of beneficiary)	(C- No.) (Register No.)

OBJECTIVE SYMPTOMS

30. Additional:

(This space to be used for further details of medical or industrial history or additional description of disabilities if the space in the foregoing pages was not sufficient.)

1. Arteriosclerosis, generalized, severe.
2. Chronic myocarditis, with history of angina pectoris, very poor compensation, Class 4. ✓
3. Pterygium, mild, O.D.
4. Macular degeneration, beginning, right.
5. Chronic arthritis, moderate. ✓
6. Bronchitis, chronic, moderate.
7. Weak feet, third degree with symptoms.
8. Hypertrophy of prostate, severe, with symptoms of retention.

31. Diagnoses:

32. Is the claimant bedridden? No Is he able to travel? Yes Does he need hospitalization? No Will he accept it? Yes Is an attendant necessary for travel? No  
Is the claimant mentally competent or incompetent? Comp Do you consider a guardian necessary? No Did you examine him yourself? Yes Date 8-4-37

Name of examiner

N. E. Roberts  
N. E. ROBERTS, M.D.

Title Medical Examiner

(See instructions as to signatures in composite reports)

15-400



## INSTRUCTIONS

1. This form, of 8 pages, is in 4 sheets which may be separated by removing the one-stitch fastening. This arrangement is to facilitate the execution of the composite report, the typing of the necessary copies, and the filing of the form when completed. Medical examiners will be sure that the total of 8 pages are carefully executed and reassembled before forwarding to the regional office; and upon receipt of these sheets in field offices or in Central Office, care will be taken to assure their completeness and that they are correctly reassembled and bradded or pinned securely in the upper left corner before they are filed in the claimant's folder.

2. Designated physicians making examinations for purposes of Government insurance, compensation, or pension, will complete such parts of the form as accord with instructions. Specialists in field stations, or designated physicians who are requested to make special examinations, will concern themselves with the pertinent questions in Form 2545. When a composite report of examination is made, each examiner will sign his name and date of his examination immediately below his findings.

3. It is preferred that replies in this form be typewritten but, if this is not possible, handwritten reports, in ink, will suffice, *provided the handwriting be made legible*.

4. All medical examiners will use the Nomenclature of Diseases and Conditions, Veterans Administration, copies of which will be supplied to designated physicians through the regional offices of the area in which they reside. Heads of field stations will be furnished sufficient copies of the publication to supply their personnel, upon requisitions to Central Office. Copies of The Manual for Medical Examiners will be similarly supplied all medical examiners. Its instructions must be studied and observed.

5. A clear, sufficiently full record of the symptoms and physical findings is essential to permit of visualization of the relative functional loss resulting from the disease or injury, and the evaluation of the disability in percentage terms. No fee will be paid unless the report made by a designated physician is satisfactory.

6. Physicians making examinations may state that the clinical expression of a disease or injury in an individual claimant is "mild", "moderate", "moderately severe", or "severe"; but they will refrain from recording or communicating to the claimant any percentage estimate of actual disability.

7. C-No., at right of top of page 1, refers to a claim for disability compensation or pension.

8. Use space 30, "Additional", page 7, for any data which cannot be fitted in the space provided under other captions.

9. Hospitals, in rendering physical examination reports, will type in the left-hand corner, first page, the dates of admission and of discharge of patients.

CENTRAL DISABILITY BOARD  
GOVERNMENT PRINTING OFFICE

15-400

RECEIVED  
 Veterans' Claims Division  
 AUG 18 1937



May 18, 1937

Pen.

MCC-Dc

Mr. P. J. Callan  
Quartermaster General  
United Spanish War Veterans, Inc.  
40 G Street, N. E.  
Washington, D. C.

McINTIRE, Clide C.

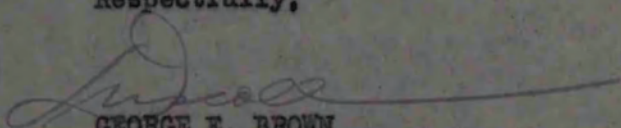
(b)(6)

Dear Sir:

This is in reference to your interest in this claim.

In order to ascertain whether Mr. McIntire is entitled to an increase in pension, arrangements are being made to have him reexamined. When this has been accomplished, you will be further informed regarding this claim.

Respectfully,

  
GEORGE E. BROWN  
Director, Veterans' Claims Service

JFD:ES



FROM: Chairman, Central Disability Board. Date MAY 17 1937

TO: Authorization Subdivision MCC-A-A

SUBJECT: (b)(6)

MCINTIRE, Clyde C.

Action by Disability Board deferred pending examination

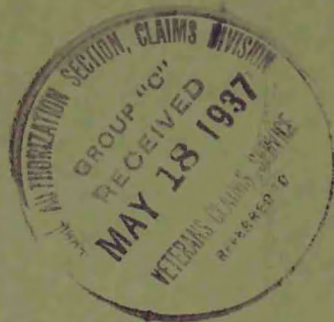
requested this date.

GEL/rs

Veterans Administration  
Adjudication Form 631  
Rev. April 1936

936  
V. E. WATKINS, M. D.  
for

Approved  
5/18/37





REQUEST FOR PHYSICAL EXAMINATION

Manager  
Veterans Administration  
Los Angeles, California

For notation of receiving station:

Date of receipt \_\_\_\_\_  
Date exam. ordered \_\_\_\_\_  
Date completed \_\_\_\_\_

It is preferable that the  
Veteran be examined at a V.A.F. or  
Reg. Office.

In reply refer to MCC-A-A

(b)(6) HITE

Name of veteran: MCINTIRE, Clide C.

Claim for increase.

Address of veteran: P. O. Box 181  
Redondo Beach, Calif.  
SAW

It is requested that you arrange for a physical examination of the above-named claimant

\*(as soon as possible) \*(       months from this date) for Pension  
(Pension, compensation, insurance, etc.)

Type of examination desired GM SPEC HEART SURG

Diseases or injuries: 1. Service connected \_\_\_\_\_

\_\_\_\_\_ 2. Not service connected see below

Rank CPL. Organization Co A. 44 U. S. Vol. Inf. Date entered service 9-6-29

Date of discharge 6-30-01 Character of discharge Hon.

SAW

(Specify war time or peace time service. If peace time only, state if discharged for disability in line of duty, or in receipt of pension for service-connected disability)

\*Strike out words or phrase not applicable.

REMARKS: The veteran should not be examined by Dr. J. Russell Shea, Redondo, California, who has made a statement in connection with the claim.

Veteran is a claimant for service pension, examination should, therefore, cover all existing disabilities now present. Disabilities previously diagnosed were arthritis, hypertension, myocarditis, enlarged prostate.

Also please include industrial history of veteran since 7-1-33. Is he employed at present? If so, give nature of work and wages. If not employed give reason.

6  
GEL/rs CLAIMS DIV. C.D.B.

MAY 17 1937

352  
for GEORGE E. BROWN  
Director, Veterans' Claims Serv.

(Originating office)

(Date)

(Signature and title)



May 14, 1937.

MCC-Do

Mr. P. J. Callan,  
Quartermaster General,  
United Spanish War Veterans, Inc.,  
40 "G" Street, N. E.,  
Washington, D. C.

McINTIRE, Clide C.

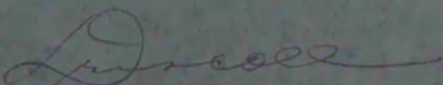
(b)(6)

Dear Sir:

This is in reply to your letter of May 11, 1937,  
enclosing additional evidence in connection with this claim.

The evidence is being considered and you will be in-  
formed of the action taken in a subsequent letter.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

*Jee*

JFD/ssb



RECEIVED

Veterans Claims Service  
Claims Division

MAY 13 1937

Central Disability Board  
Referred to

RECEIVED

Veterans Claims Service



# PHYSICIAN'S AFFIDAVIT

(b)(6)

Name of Veteran Chide C. McIntire Pension Number                     

Service Spanish American War

J. Russusken

being duly sworn, deposes and says:

That I am a practicing Physician, duly licensed by the State of California, and maintain an office at 1401 So Catalina in the City of Redondo,

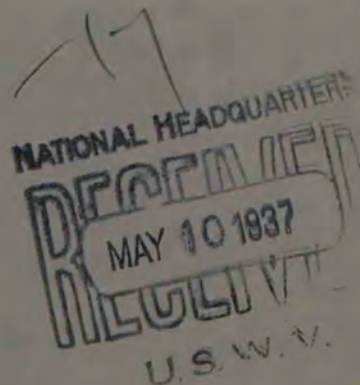
California, and that I have made a physical examination of Chide C. McIntire, a veteran of the Spanish War, Boxer Rebellion and Philippine Insurrection period, and that after due examination it is my opinion that the veteran is disabled to perform manual labor to the extent

of 100 %, for the following reasons:

- ① age 58
- ② Chronic Arthritis -
- ③ Tachycardia (140 - 5/7/37)
- ④ BP = 160/100
- ⑤ Hypertrophy of Liver.
- ⑥ Hypertrophic Prostate.

J. Russusken, MD.

Recd  
5/18/37



Personally subscribed and sworn to before me, a Notary Public, this 9th day of May, 19 37

Ant. J. [Signature]



RECEIVED

RECEIVED  
MAY 18 1987  
VETERANS CLAIMS SERVICE  
WASHINGTON, DC

RECEIVED  
MAY 18 1987  
CENTRAL DISABILITY BOARD  
WASHINGTON, DC

RECEIVED  
Veterans Claims Service  
Claims Division  
MAY 19 1987  
Central Disability Board  
Related to

NATIONAL HEADQUARTERS

**United Spanish War Veterans**

[INCORPORATED]

40 G STREET, N. E.

WASHINGTON, D. C.

May 11, 1937.

WHEN REPLYING GIVE  
DATE OF THIS LETTER  
AND REFER TO

Pen.

Hon. George E. Brown, Director,  
Veterans Claims Service,  
Veterans Administration,  
Washington, D.C.

McIntire, Clide C.

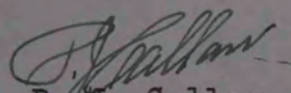
(b)(6)

Dear Sir:

Inclosed find application (letter) of Comrade Clide C. McIntire, P.O. Box 181, Redondo Beach, Calif., for increase of pension and affidavit of Dr. J. Russell Shea in support thereof.

Also inclosed find power of attorney.

Yours truly,



P. J. Callan,  
Quartermaster General.

JAC:E  
3 incls.



*File*  
*5/18/37*



RECEIVED  
Veterans Claims Service  
Claims Division

MAY 12 1987

Central Disability Board  
Referred to

RECEIVED  
MAY 12 1987  
GROUP "C"

RECEIVED  
MAY 12 1987  
VETERANS CLAIMS SERVICE  
REFERRED TO

Shayff  
C. - m  
637



Redondo Beach California

May 6<sup>th</sup> 1937

Name of Veteran Clyde C. Mc Intire

Pension Number (b)(6)

Service War with Spain

Director  
Veterans Claims Service  
Veterans Administration  
Washington, D. C.

Dear Sir:

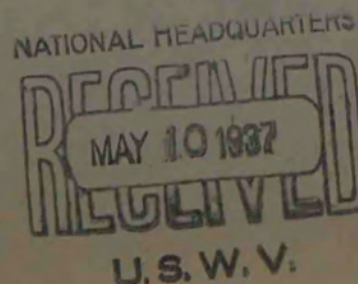
I respectfully request that I be given an increase in my pension for the reason that I am now in poorer health than when last examined and rated.

The accompanying Physicians affidavit shows that I am now incapacitated to the extent of 100 % to perform manual labor.

Yours truly

Name Clyde C. Mc Intire

Address (b)(6)  
Residence





RECEIVED  
Veterans Claims Service  
Claims Division

MAY 13 1937

Central Disability Board  
Referred to





APPOINTMENT OF SERVICE ORGANIZATION AS CLAIMANT'S REPRESENTATIVE

(b)(6)

C# 2-560700

Know all men by these presents that I Clide C. Mc Intire  
(Name of Applicant)

of Redondo Beach, Cal. \_\_\_\_\_  
(Residence) (Relationship to Soldier)

claiming benefits from the Veterans' Administration by virtue of the service  
of My Self. \_\_\_\_\_, formerly a member of Corp. Co. A  
(Name of Soldier) (Rank and

44th U.S. Vol. Inf. \_\_\_\_\_, do hereby appoint Spanish War Veterans  
Organization) (Name of Organization)

my attorney to present my claim before the Veterans' Administration for all  
benefits to which I may be entitled or become entitled under the laws ad-  
ministered by the Veterans' Administration and to receive any information  
from the Veterans' Administration in connection therewith.

It is understood that no fee or compensation of whatsoever nature  
will be charged me for service rendered pursuant to this power of attorney  
and that this power of attorney may be cancelled by me on written notice to  
the Veterans' Administration.

Witness my hand and seal this 6th day of May 1937  
at Redondo Beach Calif.

Clide C. Mc Intire  
(Signature of veteran, guardian or dependent)

NOTE: So long as this appointment is in effect the organization named herein  
will be recognized as the sole agent for the presentation of your claim be-  
fore the Veterans' Administration and no other organization or person, except  
yourself, will be recognized by the Veterans' Administration in connection  
with your claim or any portion thereof.

NATIONAL HEADQUARTERS  
RECEIVED  
MAY 10 1937  
U.S.W.V



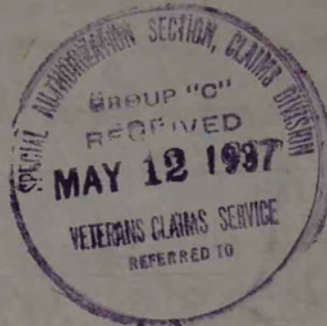
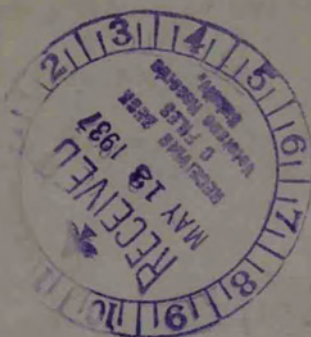
RECEIVED

Veterans Claims Service  
Claims Division

MAY 18 1937

Central Disability Board

Referred to



Veterans Administration  
Adjudication Form 630  
Rev. March 1936

Date May 14, 1937.

FROM: Chief, Authorization Subdivision

TO: Chairman, Central Disability Board

SUBJECT: (b)(6) \_\_\_\_\_, McINTIRE, Clide C.  
(Veteran's Name)

The attached file is submitted for rating on account of, (state below the specific purpose for which rating is necessary)

Claim for increase under Public Act 269, filed May 12, 1937.

*File  
5/18/37*

The evidence of record has been reviewed in the light of the provisions of paragraphs 3 and 5, Instruction No. 2, Regulation No. 1-A, and other instructions, and no legal bar to entitlement by reason of misconduct (other than the specific diseases and their sequellae), line of duty or type of discharge, is shown by the record, except for the enlistments beginning \_\_\_\_\_ and ending \_\_\_\_\_ and except as to \_\_\_\_\_, incurred on \_\_\_\_\_.

50  
*J. F. Driscoll*  
J. F. DRISCOLL

for H. J. COOPER

Group # C



RECEIVED

Veterans Claims Service  
Claims Division

MAY - 1937

Central Disability Board

Referred to



## VETERANS ADMINISTRATION

## MEMORANDUM

Date March 4, 1937

From Acting Chairman, Board of Veterans' Appeals  
To Major Clark, Assistant Administrator, Room 1014  
Subject McINTIRE, Clide C.

OADC

e15-620

(b)(6)

The case of the above named veteran is referred herewith, inviting your attention to the decision rendered by the Board of Veterans' Appeals on March 1, 1937.

No information is being furnished the veteran's divorced wife inasmuch as her correct address has not been ascertained.

*R. L. Jarnagin*  
R. L. JARNAGIN.

RECEIVED

OFFICE OF ASST. ADMINISTRATOR

Att.

MAR 4 - 1937

IN REPLY TO PENSIONS

Referred to.....

RECEIVED

MAR 4 - 1937

Referred to.....  
*mcc*



**RECEIVED**

Veterans Claims Service

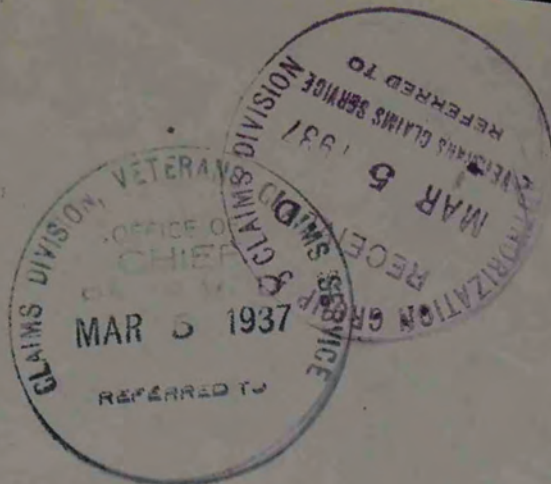
Claims Director

**MAR 5 - 1937**

Unofficial

**CENTRAL RATING BOARD**

Referred to.....



March 4, 1937

OADC

Mr. Clide C. McIntire  
c/o W. E. Dillon

(b)(6)

(b)(6)

Dear Sir:

There is enclosed for your information a copy of the decision of the Board of Veterans' Appeals rendered in the case of the above identified claim.

For the Administrator,



JNO. GARLAND POLLARD,  
Chairman,  
Board of Veterans' Appeals.

Enclosure  
Copy of decision  
dated March 1, 1937

Form 3013-Rev. Jan. 1934

WME/smc



March 4, 1937

Acting Chairman, Board of Veterans' Appeals  
Major Clark, Assistant Administrator, Room 1014  
McINTIRE, Clide C.

OADC

(b)(6)

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No information is being furnished the veteran's divorced wife inasmuch as her correct address has not been ascertained.

R. L. JARNAGIN.

Att.

RECEIVED BY MAIL ROOM

MAR 2 - 1937

RECEIVED

RECEIVED



March 4, 1937

Acting Chairman, Board of Veterans' Appeals  
Major Clark, Assistant Administrator, Room 1014  
McINTIRE, Clide C.

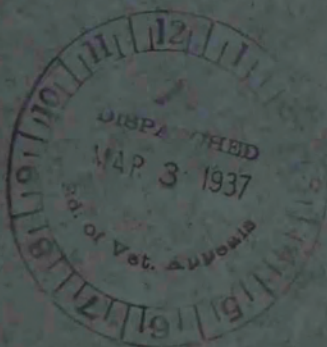
OADC

(b)(6)

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R. L. JARNAGIN.



Att.

WMG/smc



VETERANS ADMINISTRATION

RECORDED

BOARD OF VETERANS' APPEALS

MAR -1 1937

MAR 1 1937

McINTIRE, Clide C.

DOCKET NO.

(b)(6)

M-4250

Pub. No. 2, 73d Cong. PI-Misc(Apportionment) Affirmed

This claim is before the Board of Veterans' Appeals pursuant to the provisions of Veterans' Regulation No. 2(a), for consideration under the provisions of Public No. 2, 73d Congress, an appeal having been entered by the veteran from the decision of the agency of original jurisdiction dated February 4, 1936.

Question at issue:

Is this claimant entitled to an apportionment of this veteran's pension benefits under the provisions of Public No. 2, 73d Congress?

The veteran, in his appeal, contends that his wife, from whom he is now divorced, is not entitled to an apportionment of his pension benefits from the date of an interlocutory decree of divorce to the date upon which the divorce become absolute. This contention is based upon the fact that at the time

the interlocutory decree was granted, the wife, by her attorney, accepted \$35.00 which he contends was in full for all claims for alimony, support and maintenance, attorney fees and costs of court in the divorce action.

Report from the War Department indicates that this veteran served honorably in the U. S. Army from September 6, 1899 to June 30, 1901, during which period he participated in the Philippine Insurrection.

On February 24, 1933, the veteran married Bessie Louise Compton at San Bernardino, California. They separated in January, 1934, following several episodes during which the veteran beat and otherwise cruelly treated his wife. She then brought suit for divorce on the grounds of cruelty and an interlocutory decree of divorce was entered as of May 10, 1934. The final decree of divorce was entered May 13, 1935. The wife has been awarded a portion of the veteran's disability benefits from July 1, 1934 to May 12, 1935, the day before the divorce decree became final and the veteran has appealed as indicated above.

In accordance with the regulations in effect under the provisions of Public No. 2, 73d Congress, it is necessary for the wife to show only an estrangement and the fact that she is in necessitous circumstances. The evidence in file is sufficient



to meet these requirements on the part of the wife and no consideration need be given to the \$35.00 payment to her, which apparently was hardly sufficient to pay the court costs and attorney fees attendant upon the issuance of the interlocutory decree. The apportioned award in favor of the wife is found to be in accordance with the governing law and the regulations applicable thereunder and the same is hereby affirmed.

Amos Smith Wm. Seydel  
John A. Fisher.



McINTIRE, Clide C.

(b)(6)

M-4250

Pub. No. 2, 73d Cong. PI-Misc(Apportionment) Affirmed

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APPROVED  
MAR 1 1937  
BOARD OF VETERANS' APPEALS





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APR 3 1937  
15640120



McINTIRE, Slide C.

(b)(6)

M-4250

Pub. No. 2, 73d Cong. PI-Misc(Apportionment) Affirmed

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APPROVED  
MAR 1 1937  
BOARD OF VETERANS' APPEALS







## VETERANS ADMINISTRATION

## MEMORANDUM

From Director, Veterans' Claims Service  
To Mr. Jarnagin, Vice-Chairman, Board of Veterans' Appeals  
Subject McINTIRE, Clide C. c15-620

OAD  
Date January 19, 1937  
MCC-B-5

(b)(6)

OP - 8265

In accordance with your memorandum of January 8, 1937, the attached claims folder is returned for your consideration.

The appeal of this veteran has been completed in accordance with Veterans' Regulation 2(a) and instructions issued thereunder.

*George E. Brown*  
GEORGE E. BROWN.

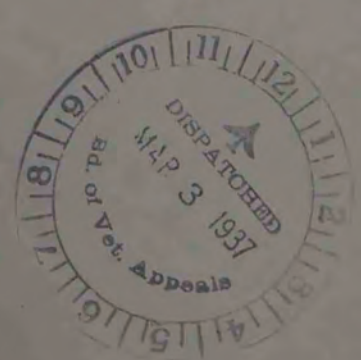
RECEIVED  
JAN 21 1937  
BOARD OF VETERANS' APPEALS



THE BOARD OF VETERANS' APPEALS  
WASHINGTON, D. C.  
JAN 3 1937

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JAN 3 1937  
BOARD OF VETERANS' APPEALS  
WASHINGTON, D. C.

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JAN 3 1937  
BOARD OF VETERANS' APPEALS



Director, Veterans' Claims Service  
Mr. Jarnagin, Vice-Chairman, Board of Veterans' Appeals  
McINTIRE, Clide C.

(b)(6)

OAD  
January 19, 1937  
MCC-E-5

OP - 8265

In accordance with your memorandum of January 8, 1937, the attached claims folder is returned for your consideration.

The appeal of this veteran has been completed in accordance with Veterans' Regulation 2(a) and instructions issued thereunder.

GEORGE E. BROWN.

**RECEIVED**  
JAN 2 11937  
BOARD OF VETERANS' APPEALS





RECEIVED  
JAN 2 1937  
BOARD OF VETERANS' APPEALS



Director, Veterans' Claims Service  
Mr. Jarnagin, Vice-Chairman, Board of Veterans' Appeals  
McINTIRE, Clyde C.

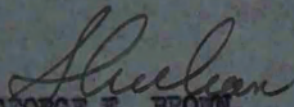
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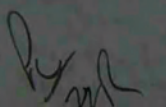
OAD  
January 19, 1937  
MCC-B-5

OP - 8265

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The appeal of this veteran has been completed in accordance with Veterans' Regulation 2(a) and instructions issued thereunder.

  
GEORGE E. BROWN.

  
ELB/fr



(b)(6)

United States Post Office

Oakland, California.  
November 23, 1936.

CLASS

IN REPLYING  
MENTION INITIALS AND DATE

Veterans Administration,  
Washington, D. C.

Gentlemen:

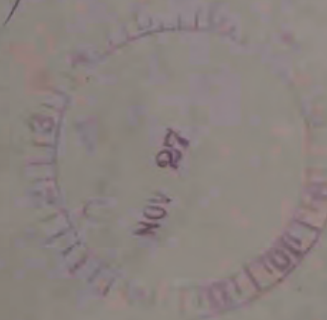
Referring to attached inquiry.

We are unable to furnish the present address of  
Mrs. Bessie L. McIntire as she moved from 2468 East 21st  
Street to 1232 East 18th Street on April 14th, but has since  
moved from that address and left no forwarding address.

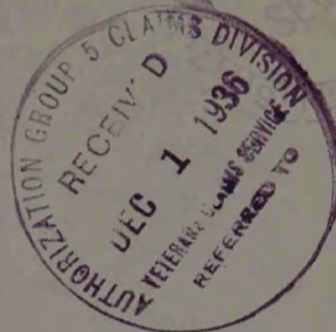
Very truly Yours,

Nellie, G. Donohoe  
Postmaster

FWS/



*mf*







VETERANS ADMINISTRATION

WASHINGTON

November 11, 1936

YOUR FILE REFERENCE:

IN REPLY REFER TO: MCC-B-5

Postmaster,  
Oakland, California.

(b)(6)  
McINTIRE, Clide C.

Dear Sir:

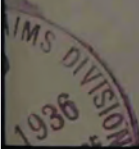
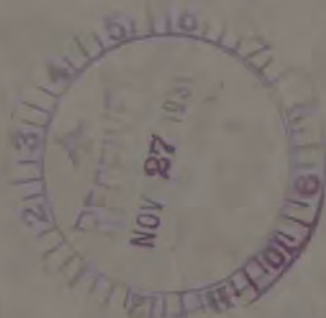
A letter addressed to Mrs. Bessie L. McIntire, 2468 East 21st Street, Oakland, California, has been returned to this office unclaimed.

Kindly inform this Administration of any forwarding address which you may have of record.

Respectfully,

*George E. Brown*

GEORGE E. BROWN,  
Director, Veterans' Claims Service.



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10-1000

101 11 1000000

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101 11 1000000

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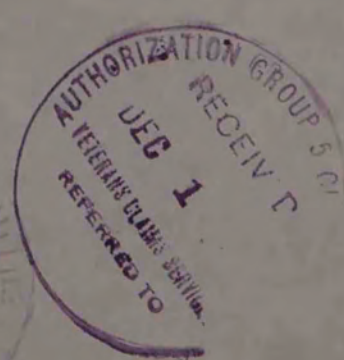
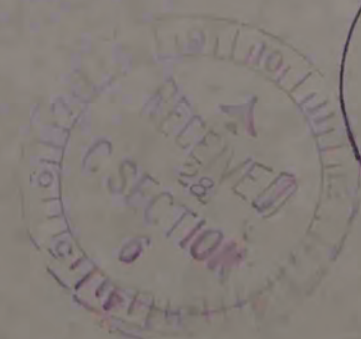
101 11 1000000

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November 11, 1936

MCC-B-5

Postmaster,  
Oakland, California.

(b)(6)

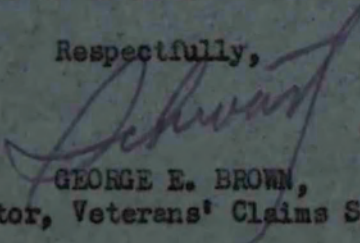
McINTIRE, Clide C.

Dear Sir:

A letter addressed to Mrs. Bessie L. McIntire,  
2468 East 21st Street, Oakland, California, has been re-  
turned to this office unclaimed.

Kindly inform this Administration of any forward-  
ing address which you may have of record.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

AMS/hic



October 8, 1936.

MCC-B-5

Mrs. Bessie L. McIntire,  
2468-East 21st Street,  
Oakland, California.

McINTIRE, Glide C.

(b)(6)

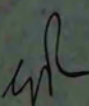
Dear Madam:

This veteran is appealing from the decision of this Administration which granted you separate pension of \$12.00 monthly from July 1, 1934, through May 12, 1935.

Before further action is taken in considering the veteran's appeal, it is requested that you furnish this office with a statement as to whether you desire to submit any additional evidence tending to prove your right to this pension. You will be allowed thirty days in which to submit any additional evidence which you desire considered in connection with the veteran's appeal.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

  
ELR-vg





VETERANS ADMINISTRATION

WASHINGTON

October 8, 1936.

YOUR FILE REFERENCE:

IN REPLY REFER TO: MCC-B-5

Mrs. Bessie L. McIntire,  
2468-East 21st Street,  
Oakland, California.

✓ McINTIRE, Clide C.

(b)(6)

Dear Madam:

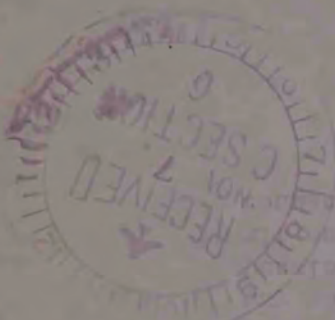
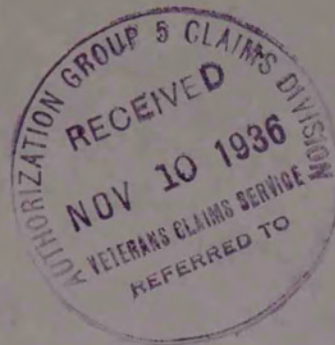
This veteran is appealing from the decision of this Administration which granted you separate pension of \$12.00 monthly from July 1, 1934, through May 12, 1935.

Before further action is taken in considering the veteran's appeal, it is requested that you furnish this office with a statement as to whether you desire to submit any additional evidence tending to prove your right to this pension. You will be allowed thirty days in which to submit any additional evidence which you desire considered in connection with the veteran's appeal.

Respectfully,

*George E. Brown*

GEORGE E. BROWN,  
Director, Veterans' Claims Service.



*Handwritten signature*



VETERANS ADMINISTRATION  
Form P-8

CERTIFICATE OF ADEQUACY OF APPEAL UNDER VETERANS REGULATION  
NO. 2 (a), INSTRUCTION No. 3.

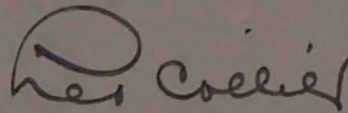
Name McINTIRE, Clide C.

C# (b)(6)

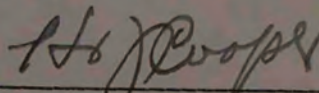
By Veteran  
(Title: Guardian, Attorney, etc.)

It is hereby certified that complete information has been given to the interested party on the rights and requirements of appeal, that all material facts have been fully developed, and that no error has been found in the current determination.

Date 9-16-36



Attorney Reviewer



for Chief, Claims Division

9-8-36  
(Envelope attached)

# CLAIMANT'S APPEAL TO ADMINISTRATOR OF VETERANS' AFFAIRS

File No. (b)(6)

1. I McIntire Clide C.  
(Print) (Last name) (First name) (Middle name)
- hereby appeal from the decision rendered on my claim on February 4, 1936  
(Date of decision appealed from)
- by the Veterans Administration facility at Washington, D. C.  
(Office making decision appealed from)
- and request a review of my claim for pension which is based on claim of Bessie McIntire,  
ex-wife (Death, disability)
- resulting from \_\_\_\_\_ disease or injury.  
(War service, peace service, nonservice)
2. Service upon which the claim is based was under the name of Clide C. McIntire  
(Name of veteran)
- race White sex Male who was born August 21, 1878  
(Date)
- at Sedgwick, Kansas.  
(Place)
3. If the claimant is a person other than the veteran upon whose service this claim is based, state the relationship to such veteran --  
(Widow, child, father, mother)
4. One of the following statements **must be made**, otherwise the appeal will not be considered (cross out or rule out the statement which is not applicable):
- (a) I certify that all evidence obtainable and relating to my claim has been presented to the Veterans Administration.
- (b) ~~I certify that the following additional evidence, relating to my claim, will be secured and presented~~
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
5. Give details below as to alleged mistake of fact or error of law in last rating of claim. Attach additional sheets if necessary.

See attached page. *all 2*

Date Sept. 4, 1936.

Signature of claimant

*Clide C. McIntire*

Address

(b)(6)

NOTE PROVISIONS OF REGULATIONS ON BACK OF THIS SHEET

15-652



## INSTRUCTIONS GOVERNING APPEALS UNDER ACT OF MARCH 20, 1933

(Extracts from Veterans Regulation No. 2(a), Part II)

II. All questions on claims involving benefits under the laws administered by the Veterans Administration shall be subject to one review on appeal to the Administrator of Veterans' Affairs, decisions in such cases to be made by the Board of Veterans' Appeals. Jurisdiction to render final decisions on questions so reviewed on appeal shall vest in the Board of Veterans' Appeals in accordance with the provisions of paragraph I. When a claim shall be disallowed by the Board of Veterans' Appeals it may not thereafter be reopened and allowed and no claim based upon the same factual basis shall be considered, except that where subsequent to such disallowance new and material evidence in the form of official reports from the proper service department is secured, the Board of Veterans' Appeals may authorize the reopening of the claim and review of the former decision. The Board of Veterans' Appeals shall in its decisions be bound by the Regulations of the Veterans Administration, instructions of the Administrator of Veterans' Affairs, and the precedent opinions of the Solicitor.

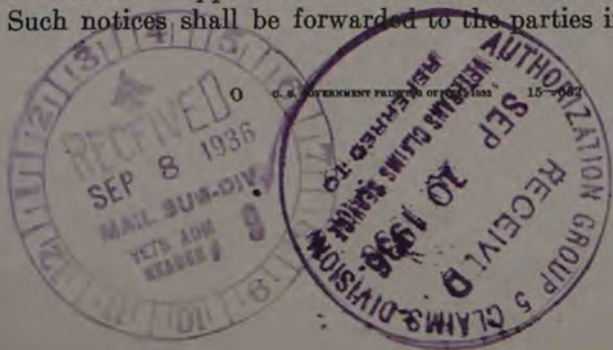
III. Applications for review on appeal to the Administrator of Veterans' Affairs shall be filed (excepting in those claims involving simultaneously contested claims [see paragraph X (a) hereof]) within 6 months from the date of mailing of notice of the result of initial review or determination or from July 1, 1933, whichever is the later date. Applications for review must be filed with the activity which entered the denial. If no application for review on appeal is filed in accordance with this regulation within the time limit specified, the action taken on initial review or determination shall become final and the claim will not thereafter be reopened or allowed, except where subsequent to such disallowance new and material evidence in the form of official reports from the proper service department is secured the Administrator of Veterans' Affairs may authorize the reopening of the claim and review of the former decision. If application for review on appeal is entered within the time limit specified by regulations, a reasonable time thereafter will be allowed, if requested, for the perfection of the appeal and the presentation of additional evidence before final determination or decision is made.

V. Application for review on appeal may be made in writing by the claimant, his legal guardian, or such accredited representative as shall be selected by him. Not more than one recognized organization or representative will be recognized at any one time in the prosecution of a claim.

VII. In each application for review on appeal the name and service of the veteran on account of whose service the claim is based must be stated, together with the number of the claim and the date of the action from which the appeal is taken. The application must clearly identify the benefit sought.

VIII. Each application for review on appeal must contain specific assignments of the alleged mistake of fact or error of law in the adjudication of said claim, and any application for review on appeal insufficient in this respect may be dismissed.

X. (a) In simultaneously contested claims where one is allowed and one rejected, the time allowed for the filing of an application for review on appeal shall be sixty days from the date of mailing notice of the original action to the claimant to whom the action is adverse. In such cases the activity concerned shall promptly notify all parties in interest of the original action taken, expressly inviting attention to the fact that an application for review on appeal will not be entertained unless filed within the period of 60 days herein prescribed. Such notices shall be forwarded to the parties in interest to the last known address of record.





W. E. DILLON  
ATTORNEY  
1641 SAWTELLE BOULEVARD  
PHONE 31663

No. 419

West Los Angeles, Calif.

May 4 1934

Pay to the  
order of

Bessie McIntire and  
Lucile Courrey, jointly.

\$35<sup>00</sup>

Thirty-five and 00/100

WEST LOS ANGELES BRANCH

California Bank 90-402

Commercial 11303 SANTA MONICA BLVD. Savings  
WEST LOS ANGELES, CALIFORNIA

DOLLARS

26

B. E. Dillon, Trustee  
for W. E. Dillon

This check not cashable, or payable if attach receipt is not signed or is detached.

Bessie McIntire vs. Clide C. McIntire.

Case No.

(b)(6)

Los Angeles County, Superior

Court

Received of W. E. Dillon, attorney for Clide C. McIntire, the sum in full.  
of Thirty-five and 00/100 Dollars (\$35.00), which is accepted in full for  
all claims for alimony, support and maintenance, attorneys fees and costs  
of court in the above entitled action, and hereby fully relieves and re-  
leases defendant from any and all claims for alimony, counsel fees and  
costs of court in this and/or any other action at law.

Date, May 4 1934.

x Bessie McIntire  
x Lucile Courrey

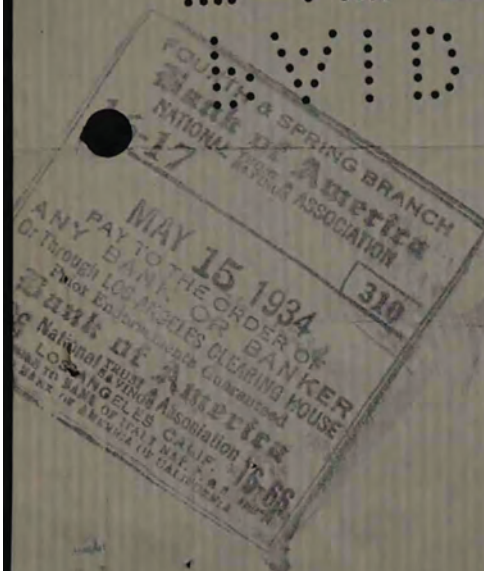


X *Enrique M. Funes*  
X *L. Neale Comely*  
*her attorney*



4204  
V10

4204  
V10



5.

The error of both law and fact consists in that the Veterans Administration refuses to recognize the facts alleged in the affidavit of pensioner and also his attorney, W. E. Dillon, wherein all facts pertaining to the divorce of the pensioner and his said wife were alleged. Principally the fact that the Veterans Administration has ignored the fact that pensioner herein, by reason of an arrangement made through his counsel, W. E. Dillon, and counsel for claimant's former wife, whereby and by which, and by reason of the hereinafter mentioned settlement, said pensioner paid counsel fees and costs of court to his said wife for her counsel and thereby and upon the understanding that nothing further would be asked as against pensioner, provided pensioner did not contest said action and set forth his own rights by way of cross-complaint against the said wife; that pensioner, in good faith and with an object of amicably adjusting the matter between himself and said wife, did through his attorney, W. E. Dillon, pay to Bessie McIntire and Lucile Conrey, her attorney, the sum of \$35.00, and that on the receipt attached to said check, which check and receipt are attached hereto and made a part hereof, and signed by Bessie McIntire, said wife of pensioner herein, it specifically stated, among other things, \*\*\*which is accepted in full for all claims for alimony, support and maintenance\*\*\*. As part of pension is claimed by said Bessie McIntire and is given for the sole purpose of support and maintenance, it would appear that in face of the fact that she settled in full for all claims, etc., that she could not now claim anything under the law, for as the intent of the parties was fully carried out, which intent was that when said \$35.00 was paid, it was in full of all claims as against the pensioner.

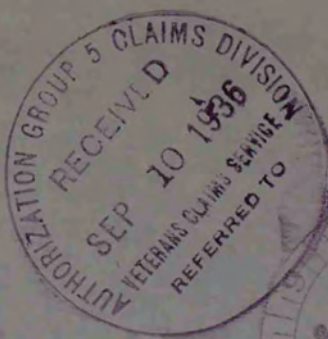
Date, September 4, 1936.

Bessie E. McIntire  
Signature of claimant

Address:

(b)(6)





[Faint, mostly illegible text body of the document]

CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

A

K

JUN 4 - 1936

Date

MAIL SECTION

DIVISION OF DISBURSMENT

FROM Accounting

(Designate Division of Central Office or Field Station)

To Disbursing

(Indicate activity to which to be forwarded—Central Office or Field Station)

SUBJECT: Change Address—(Name)—under

(Cross out one not applicable) (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension)

1. Present full name of payee Clide C. McIntire

2. Former address

3. New address Box 181, Redondo Beach, Calif.

4. Person in service

5. Former name of payee

L-5-28-36 ew 10

Submitted by

(Signature)

(Official title)

Approved by

(Signature)

(Official title)

(Region No. ....)

JUN 30 1936

CHECK MAILED TO  
NEW ADDRESS

mw 6/5 '36

418

Final Ch # 15,744,322



CLIDE C MC INTIRE

REDONDO BEACH

BX 181

CALIF

Received  
VETS. ACCTS. SUBDIV.

JUN 5 1936

Section A - Unit #2

RECEIVED

JUN 16 1936

MAIL SECTION  
DIV. OF DISBURSEMENT

RECEIVED

JUN 12 1936

VETERANS BUREAU

(b)(6)

May 15, 1936

MCC-B-5

Mr. Clide C. McIntire,

(b)(6)

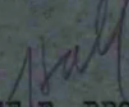
(b)(6)

Dear Sir:

This is in reply to your letter of recent date.

In compliance with your request, there is enclosed for your use in the matter of appealing your claim to the Administrator of Veterans' Affairs, Form P-9 which should be completed as indicated thereon, and returned to this office.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.

Enc. 1

3M

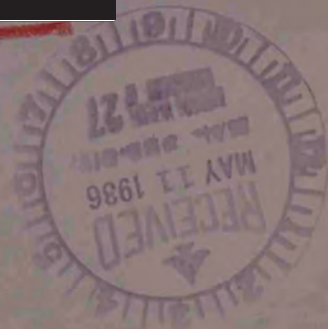
FM:mds



MCC-B-5

(b)(6)

George E. Brown,  
Director, Veterans Claims Service,  
Veterans Administration,  
Washington, D. C.



Dear Sir:

Replying to your letter of February 20, 1936, please send me the necessary blanks so that I may take an appeal in this matter.

Yours truly,

*Clide C. McIntire*

Clide C. McIntire,

**(b)(6)**

CCM  
0





April 18, 1936.

MCC-De

Honorable John F. Dockweiler,  
House of Representatives,  
Washington, D. C.

MC INTIRE, Clide C.

(b)(6)

P. O. Box 143,  
West Los Angeles, Calif.

My dear Mr. Dockweiler:

This is in reply to your letter of April 10, 1936.

This veteran's examination of August 21, 1935, was considered and it was shown that he was still seventy-five per centum disabled by reason of inability to perform manual labor. Since he was forty per centum disabled by reason of a service connected condition his pension of \$40.00 monthly was continued until August 13, 1935, when he was entitled to a higher pension by reason of his non service connected condition. Effective August 13, 1935 his pension was increased to \$50.00 monthly by reason of his being seventy-five per centum disabled for his combined service and non-service connected conditions.

If the veteran is dissatisfied with this action and believes that his condition has become aggravated and that he is entitled to a greater pension, he may submit a statement from his physician setting forth in detail the physician's findings and diagnosis of the veteran's present physical condition.

A copy of this letter is enclosed for your use.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

SHT/EBrown

JOHN F. DOCKWEILER  
16TH DIST. CALIFORNIA

MAY RONSAVILLE  
SECRETARY  
1741 HOUSE OFFICE BLDG.

*Sp. Claims gyp C*

**Congress of the United States**  
**House of Representatives**  
Washington, D. C.

COMMITTEE ON  
APPROPRIATIONS

SUBCOMMITTEES:  
WAR DEPARTMENT  
LEGISLATIVE

April 10, 1936.



Mr. George E. Brown,  
Director, Veterans' Claims Service,  
Veterans Administration,  
Washington, D. C.

My dear Mr. Brown:

Enclosed you will find a letter from Mr. Clide C.  
McIntyre, (b)(6)

(b)(6)

I shall appreciate any information or advice  
which you may be able to give me as to the status of  
Mr. McIntyre's claim.

Sincerely yours,

*John F. Dockweiler*

*Paul H. Hays*

*12mcl*



Service-connected  
disability, etc.

(b)(6)

CLIDE C. McIntyre  
A 44 U.S.V. Inf.

CLIDE C McINTYRE,  
PO Box 143,  
WEST Los Angeles, California.

April 6, 1936.

Hon. John F. Dockweiler, M.C.  
Washington, D.C.

Sir:

Please aid me in my pension claim; I have heard nothing from the examination given me last August 21st, for an increase as to service-connected disability, Arthritis, heart.

The said examination should have shown me to be totally and permanently disabled, and my contention is that the same is caused by my arthritis, and heart, rated 40% service-connected; and I believe it should be made total for the same. I should be given at least \$60.00, if non-service-connected.

Kindly learn what the decision is that has been rendered, if any; it seems a long time to await decision, ever since August 1935.

Thanking you for your courtesy, I am,

Yours very truly,

*Clide C. McIntyre*

*[Handwritten signature]*





U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

U.S. DEPARTMENT OF JUSTICE  
FEDERAL BUREAU OF INVESTIGATION  
WASHINGTON, D.C. 20535

CLARK G. WELSH  
1000 1st St.  
West Los Angeles, California

April 1, 1968

Hon. John F. Connelley, M.C.  
Washington, D.C.

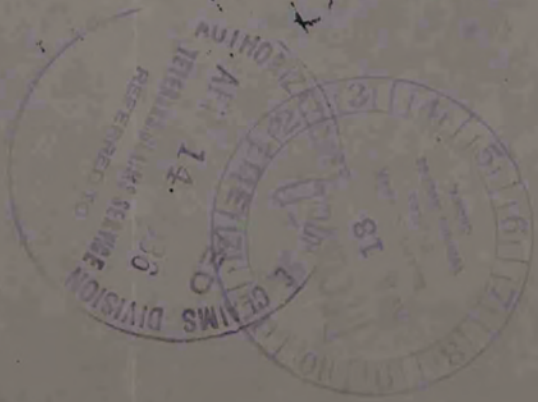
Sir:

Please find in my personal file; I have a copy of a letter from the examination given on 1967 August 21st, for an interview as to service-connected disability, including heart.

The said examination would have shown me to be healthy and permanently disabled, and my heart also is that the same is caused by my heart and heart, tested 402 samples connected; and I believe it would be safe to say for the same. I should be given at least \$60.00, if non-service-connected. Kindly learn what the decision is and has been rendered, if any; it seems a long time to wait decision, very mine, thank you.  
1968.

Respectfully,  
Clark G. Welsh

Yours very truly,  
Clark G. Welsh





CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

Date

FEB 27

FROM Accounting

(Designate Division of Central Office or Field Station)

To Disbursing

(Indicate activity to which to be forwarded—Central Office or Field Station)

SUBJECT: Change Address—(Name)—under

(Cross out one not applicable) (Term, Converted, or Automatic Insurance; Disability, Death, or Adjusted Compensation; Pension)

1. Present full name of payee Bessie L. McIntire,

(Case of Gladys McIntire)

2. Former address calet

3. New address (b)(6)

4. Person in service

5. Former name of payee

L-2-14-36

mlt kn

Submitted by

(Signature)

(Official title)

Approved by

(Signature)

(Official title)

(Region No. ....)



*Final*  
*in w 3/3/36*

*Slaymover*

# United States Post Office

LOS ANGELES, CALIFORNIA

HENRY B. R. BRIGGS,  
POSTMASTER.

GRS  
March 16, 1936.

Veterans Administration,  
Director, Veterans Claim Service,  
Washington, D. C.

Your file: MCC-B-5  
MC INTIRE, Clide C.

(b)(6)

Date: March 2, 1936.  
In re: Mrs. Bessie L. McIntire.

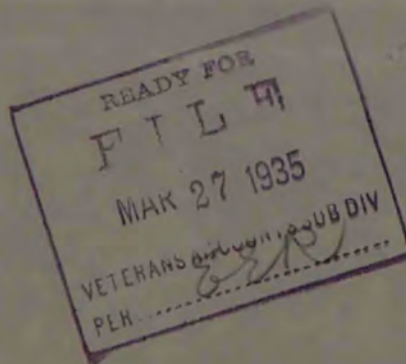
Gentlemen:

I am pleased to inform you that the forwarding files of this office show change of address for the above named from 5957 $\frac{1}{2}$  S. Broadway, this city, to Apartment # 4, 1480 Hopkins Street, Oakland, California.

Sincerely,

*Henry B. Briggs*

Postmaster.

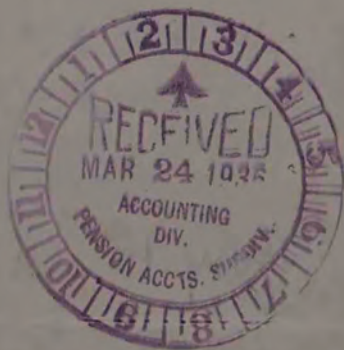


ELIMINATE TIME AND DISTANCE BY USING AIR MAIL!

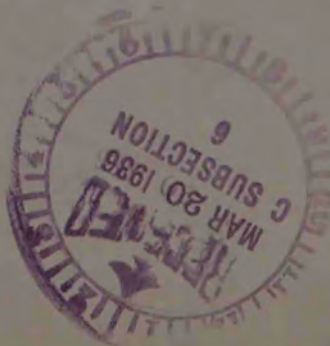
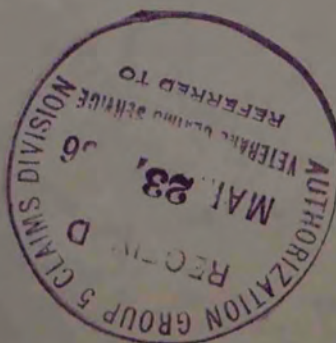
Air mail now costs only 6 cents an ounce. Combination AIR MAIL-SPECIAL DELIVERY stamps give quick flight and immediate delivery on arrival. Letters from Los Angeles, by SPECIAL DELIVERY-AIR MAIL, are now delivered 12 hours later in Chicago, and 16 hours later in New York.

"ADD WINGS TO YOUR MAIL!"





Received  
VETS. ACCTS. SUBDIV.  
MAR 24 1936  
Section A - Unit #2





March 7, 1936.

DAB-AB

Mrs. Bessie L. McIntire,  
2468 East 21st Street,  
Oakland, Calif.

MC INTIRE, Clide C.

(b)(6)

War with Spain

Dear Madam:

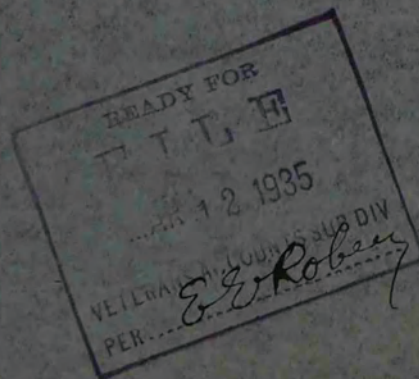
Reference is made to your communication of February 14, 1936, regarding your change of address, which has been noted.

Check No. 3,100,125 dated February 19, 1936 in the amount of \$124.80 was forwarded to you at 5957 1/2 South Broadway, Los Angeles, California. This check represents payment at the rate of \$12.00 per month from July 1, 1934 to May 12, 1935.

If you have not yet received the above mentioned check, you should communicate with the Division of Disbursement, Treasury Department, Washington, D. C., by letter over your personal signature, giving the check number and advising of its nonreceipt.

Respectfully,

*H. V. Stirling*  
H. V. STIRLING,  
Director of Finance.



RAB:aa



## IDENTIFICATION AND DATA SLIP

Payee.

Number

Assigned

War.

Code

Rate \$

## Classification

Date.

Clerk.

Data for Correspondence or Disposition

(Must be initialed and dated by clerk supplying data)

acc of 2/13/36 - 12.00 7/1/34 to 9/12/35.

7-1-34-5/12/35 - 124.80 ch# 3100/25-2/9/30

sent to 5957 1/2 So. Broadway, Los Angeles, Calif.

Address chgd to 2468 East 21st St  
Oakland, Calif.  
no Cks on file.

M. Willhite

3/3/36

March 2, 1936

Postmaster,  
Los Angeles,  
California.

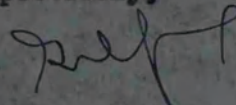
MCC-B-5  
MC INTIRE, Clide C.  
(b)(6)

Dear Sir:

A letter addressed by this Service to Mrs. Bessie L. McIntire, 5957 $\frac{1}{2}$  South Broadway, Los Angeles, California, has been returned as unclaimed.

It will be appreciated if you can furnish this Service with any information as to her present address, or the names and addresses of persons who would be likely to know of her present address.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.

HHG:MPK



February 20, 1936

MCC-B-5

Mr. Clyde C. McIntire.

(b)(6)

(b)(6)

Dear Sir:

This is in reply to your letter of February 10,  
1936.

You may appeal from the action taken in your claim  
on February 4, 1936, provided request for such action is re-  
ceived within one year from the date of mailing of this letter.

Respectfully,

*George E. Brown*

GEORGE E. BROWN,  
Director, Veterans Claims Service.

JMG/eth

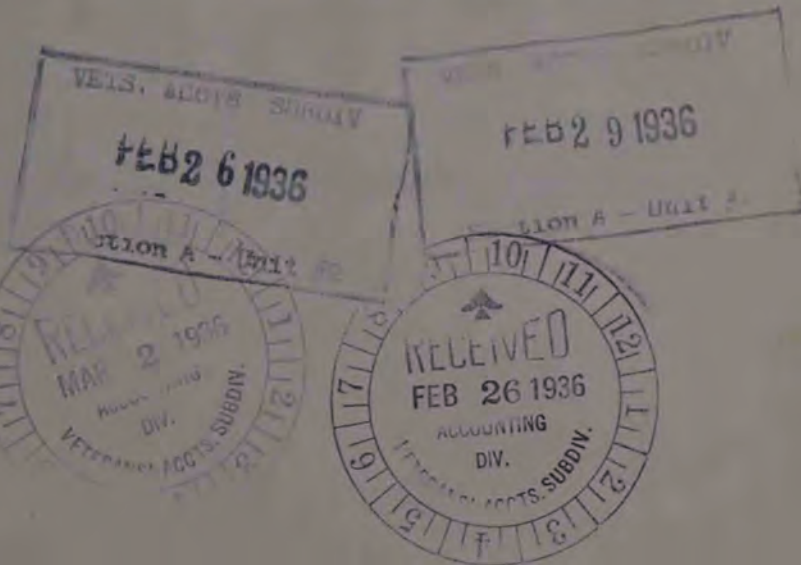




February 14-1936  
M. J. G. C. C.  
MCC-B-5

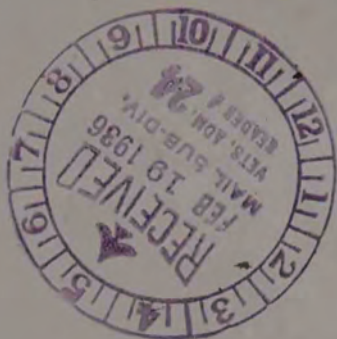
Mr. George E. Brown  
Washington, D.C.

Dear Sir - I wrote you  
on Feb. 11 - in regard to change  
of address from Los Angeles  
& since moving I found there  
was a letter forwarded here  
to the 1480 Hopkins St.  
address after we moved to  
this add on Monday last -  
but was not off there &  
was returned to you same  
day & was advised at P.O. to



(b)(6)





wrote for again thanking  
you & remain

Respectfully

Benjamin M. Fisher

ADDRESS CHANGED  
537 FORWARDED  
FEB 27 1936

INITIALS

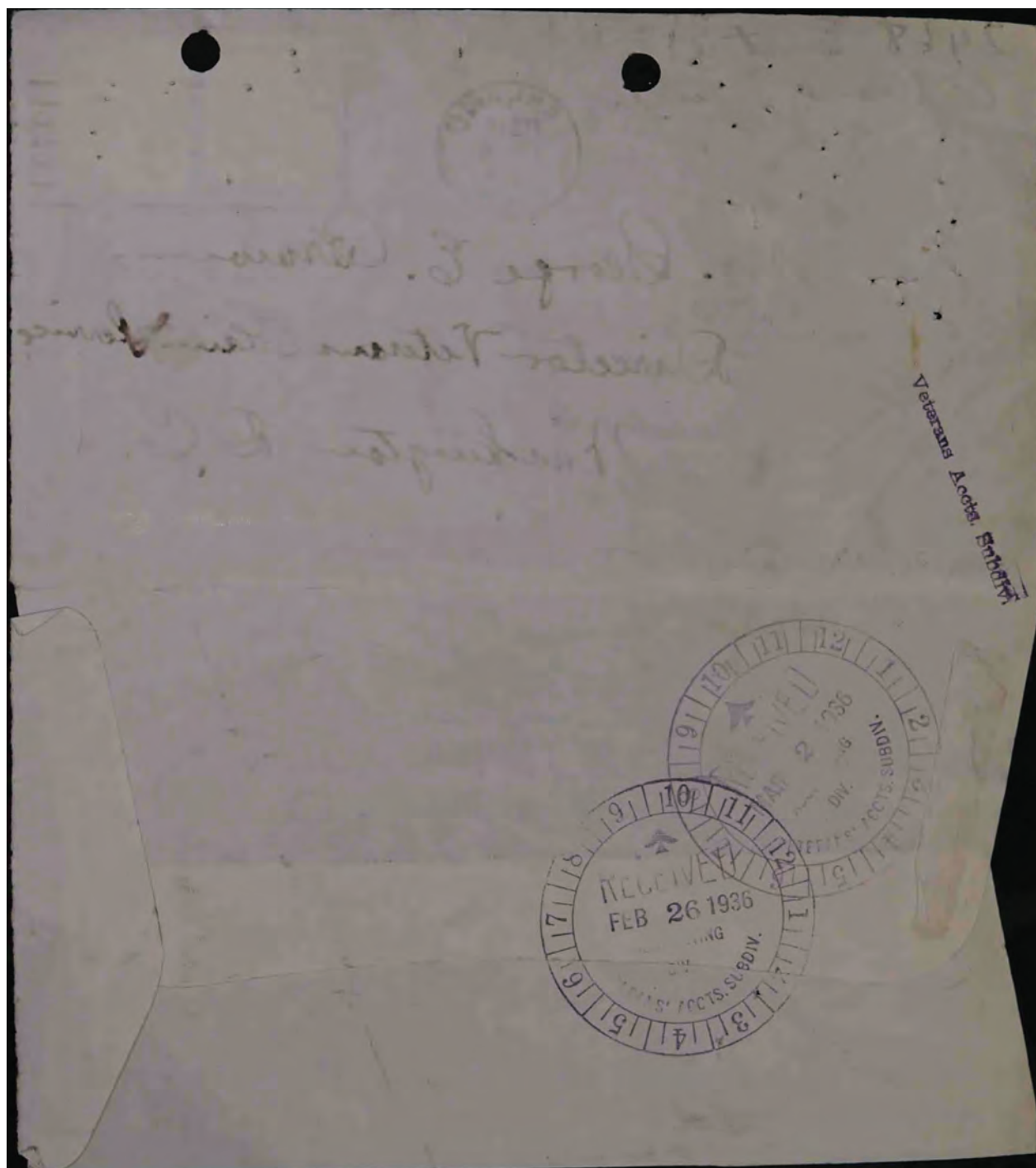


2468 East 21<sup>st</sup> St.  
Oakland, Calif.



Mr. George E. Brown,  
Director Veterans Claim Service,  
Washington, D.C.





W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

February 10th,  
1936.

MCC-B-5

(b)(6)

George E. Brown, Director,  
Veterans' Claims Service,  
Veterans Administration,  
Washington, D. C.

Dear Sir:

In reply to your letter of the 4th inst., I will say that my attorney, W. E. Dillon, wrote you a letter on the 10th day of May, 1935, asking you for certain information pertaining to this case and specifically requesting that you notify me in sufficient time to enable me to take an appeal or cause a review of this case, but as yet you have failed to answer this letter.

In view of the facts stated in said letter and the further fact that my wife was married three times prior to her marriage to me and that I have not received copies of affidavits and other papers which she filed to substantiate her rights, and which would enable me to better defend myself, I feel that your office should be kind enough to notify me as to the time limit within which I may take this appeal or cause a review of my case, and that you furnish me with such blanks and other information, together with laws and regulations regarding a matter of this kind.

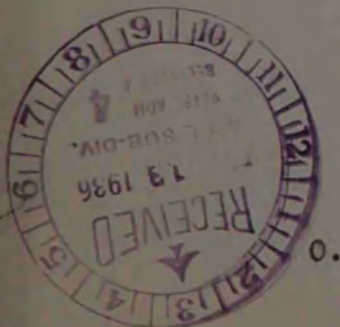
Whatever you do I hope you will not pay the money to my wife until you have complied with the above request and feel that it is just to me.

Yours very truly,

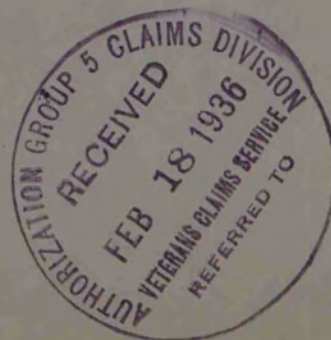
*Clide C. McIntire*

Clide C. McIntire.

(b)(6)







AWARD OF DISABILITY PENSION

To: Mrs. Bessie L. McIntire  
(b)(6)

(b)(6)

Washington, D. C.  
February 5, 1936

In accordance with title I of Public, No. 2, 73d Congress, approved March 20, 1933, you are hereby notified that as ~~the wife of~~ Clide C. McIntire, veteran who was discharged from the military service of the United States on the 30th day of June, 1901, you are awarded pension in the ending May 12, 1935 amount of \$ 12.00 from July 1, 1934, on account of a disability resulting from war time service.

(War or peace-time service; not the result of service)

~~The monthly payments pursuant to this award shall continue during the period in which you are disabled subject to the general conditions mentioned on the reverse side of this communication to which your attention is directed.~~ Upon the happening of any of the contingencies mentioned the Veterans Administration should be notified promptly.

This award is made in accordance with the schedule for rating disabilities authorized by the President pursuant to Public, No. 2 referred to above and is based upon reports of medical examinations and other ~~This award has been forwarded to the Director of Finance for appropriate payment.~~ evidence on file. ~~The initial amount due you under this award will be forwarded in the near future.~~

If you should change your present address the Veterans Administration must be immediately notified.

All future communications with reference to this case must bear the file number (b)(6) as well as your full name and complete rank and organization.

GEORGE E. BROWN,

Director, Veterans' Claims Service  
(Veterans Administration)

(SEE OTHER SIDE)

c15-688



## NOTICE

You are hereby notified that the happening of any one of the following contingencies may affect the payment of pension.

1. Decrease in disability.
2. Failure to furnish evidence requested by the Veterans Administration.
3. Receipt of active service or retirement pay.
4. Fraud committed by person receiving pension or with his knowledge.
5. The holding of an office or position appointive or elective under the United States Government or the municipal government of the District of Columbia or under any corporation the majority of stock of which is owned by the United States Government except where the disability was incurred in combat with an enemy of the United States and those persons so employed whose pension is protected by the provisions of title I, Public, No. 2.
6. Residence beyond the continental limits of the United States, exclusive of Hawaii, Alaska, Puerto Rico, Virgin Islands, and the Panama Canal Zone.
7. The furnishing of hospital treatment, institutional or domiciliary care by the United States Government or any political subdivision thereof.
8. Where the annual income of any unmarried person exceeds \$1,000 or the annual income of any married person, or person with minor children, exceeds \$2,500 (for disabilities not connected with service), except that in the cases of Spanish-American War Veterans over the age of 62 years the annual income shall be no bar to the right to receive pension.
9. Death.

## IMPORTANT PROVISIONS OF PUBLIC, No. 2

Title I—Sec. 13.—“That if any person entitled to payment of pension under this title whose right to such payment under this title or under any regulation issued under this title ceases upon the happening of any contingency thereafter fraudulently accepts any such payment he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year or both.”

Section 4747—Revised Statute—“Attachment, levy, or seizure of moneys due pensioners prohibited.—No sum of money due, or to become due to any pensioner, shall be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, whether the same remains with the Pension Office (Veterans Administration), or any officer or agent thereof, or is in course of transmission to the pensioner entitled thereto, but shall inure wholly to the benefit of such pensioner.”



AWARD OF DISABILITY PENSION

To: Mrs. Bessie L. McIntire  
(b)(6)

(b)(6)

Washington, D. C.  
February 5, 1936

In accordance with title I of Public, No. 2, 73d Congress, approved March 20, 1933, you are hereby notified that as ~~the wife of~~ Clide C. McIntire, veteran who was discharged from the military service of the United States on the 30th day of June, 1901, you are awarded pension in the amount of \$ 12.00 from July 1, 1934, ending May 12, 1935, on account of a disability resulting from war time service.

(War or peace-time service; not the result of service)

~~The monthly payments pursuant to this award shall continue during the period in which you are disabled subject to the general conditions mentioned on the reverse side of this communication to which your attention is directed.~~ Upon the happening of any of the contingencies mentioned the Veterans Administration should be notified promptly.

This award is made in accordance with the schedule for rating disabilities authorized by the President pursuant to Public, No. 2 referred to above and is based upon reports of medical examinations and other evidence on file. ~~This award has been forwarded to the Director of Finance for appropriate payment. The initial amount due you under this award will be forwarded in the near future.~~

If you should change your present address the Veterans Administration must be immediately notified.

All future communications with reference to this case must bear the file number (b)(6) as well as your full name and complete rank and organization.

*George E. Brown*  
GEORGE E. BROWN,

Director, Veterans' Claims Service  
(Veterans Administration)

(SEE OTHER SIDE)

c15-083





## NOTICE

You are hereby notified that the happening of any one of the following contingencies may affect the payment of pension.

1. Decrease in disability.
2. Failure to furnish evidence requested by the Veterans Administration.
3. Receipt of active service or retirement pay.
4. Fraud committed by person receiving pension or with his knowledge.
5. The holding of an office or position appointive or elective under the United States Government or the municipal government of the District of Columbia or under any corporation the majority of stock of which is owned by the United States Government except where the disability was incurred in combat with an enemy of the United States and those persons so employed whose pension is protected by the provisions of title I, Public, No. 2.
6. Residence beyond the continental limits of the United States, exclusive of Hawaii, Alaska, Puerto Rico, Virgin Islands, and the Panama Canal Zone.
7. The furnishing of hospital treatment, institutional or domiciliary care by the United States Government or any political subdivision thereof.
8. Where the annual income of any unmarried person exceeds \$1,000 or the annual income of any married person, or person with minor children, exceeds \$2,500 (for disabilities not connected with service), except that in the cases of Spanish-American War Veterans over the age of 62 years the annual income shall be no bar to the right to receive pension.
9. Death.

## IMPORTANT PROVISIONS OF PUBLIC, No. 2

Title I—Sec. 13.—“That if any person entitled to payment of pension under this title whose right to such payment under this title or under any regulation issued under this title ceases upon the happening of any contingency thereafter fraudulently accepts any such payment he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year or both.”

Section 4747—Revised Statute—“Attachment, levy, or seizure of moneys due pensioners prohibited.—No sum of money due, or to become due to any pensioner, shall be liable to attachment, levy, or seizure by or under any legal or equitable process whatever, whether the same remains with the Pension Office (Veterans Administration), or any officer or agent thereof, or is in course of transmission to the pensioner entitled thereto, but shall inure wholly to the benefit of such pensioner.”

U.S. GOVERNMENT PRINTING OFFICE: 1934 c15-688





DECISION OF QUESTIONS OF FACT AND LAW

APPORTIONED AWARD BRIEF FACE

(Compensation—Pension—for Wife, Child, or Dependent Parent)

Elide C. McIntire  
(Name of veteran) 9-6-99  
Date entered service 6-30-01  
Date separated Howe  
Character of discharge Reg. 1(a), Part I, par. I(a), Pub. 2, 73d Congress  
Class of benefit awarded to veteran  
(Title of act and section or regulation)  
Monthly amount of {pension} \$ 40.00  
(compensation) 40.70  
Degree of disability 7-1-33  
Effective date thereof  
Is veteran since date claim was filed been in receipt of (a) active service pay, (b) retirement pay, (c) retainer pay, (d) emergency officer's retirement pay, (e) any other pension? yes  
If so, state which, and give date of discontinuance Pension W.T.S. not discontinued  
Is veteran being furnished hospitalization or institutional or domiciliary care by the United States Government or any political subdivision thereof? no  
Is veteran holding any office, appointive or elective, under the Government of the United States, the municipal government of the District of Columbia, or any corporation the majority of stock of which is owned by the United States? no  
Is there an evidence of record indicating that the payee is guilty of any of the forfeiture acts, such as conspiracy, fraud, etc? no  
If so, state which act  
Is veteran residing beyond the continental limits of the United States? no  
Is there any claim of the United States of record in the Veterans' Administration subject to recovery or offset? no If so, state amount, \$, and how to be recovered

Wife Bessie L. McIntire  
Name of claimant 2-24-33  
Date of birth 5-14-34  
Date of marriage to veteran  
In custody of—  
Child no. 1  
Child no. 2  
Child no. 3  
Child no. 4  
Child no. 5  
Mother x x x x x x x  
Father x x x x x x x  
Has proof of payee's relationship been filed? yes (Yes or no)  
Date parent's dependency arose  
Has proof of dependency been filed?  
If payments are to be made to a fiduciary, give:  
(a) Name and designation of fiduciary none  
(b) Name of ward  
(c) Date of appointment of fiduciary  
(d) Name of court or official making appointment

REMARKS.—State authority under which apportionment is made; reference to basic decision of fact and law for veteran upon which apportionment is predicated or the authority of entitlement for disabled veteran; if payment is under Section 31, Public, No. 141, state circumstances; other pertinent remarks if necessary.

Reg. 6(c), Smth. 2, par. I(a). Reg. 1(a), Part I, par. I(a).

Pursuant to the above the claimant is entitled to the following  
award of {pension} under the provisions of the {Act of March 20, 1933, Public, No. 2, 73d Congress, as amended.  
(compensation) {Act of March 29, 1924, Public, No. 141, 73d Congress.  
(STRIKE OUT PORTION NOT APPLICABLE)

Name and address of payee	Monthly payment	Commencing date	Ending date
<u>Bessie L. McIntire</u>	<u>\$12.00</u>	<u>7-1-34</u>	<u>5-12-35</u>
<u>Submitted by <u>John McIntire</u> Title <u>Agent</u></u>			

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public, No. 2, 73d Congress, as amended, and title III, Public, No. 141, 73d Congress, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved \_\_\_\_\_, 193 By \_\_\_\_\_ Title \_\_\_\_\_



*Handwritten notes in blue ink at the top left of the page.*



*Faint, mostly illegible typewritten text covering the majority of the page. Some words like "UNITED STATES" and "DEPARTMENT OF" are partially visible.*



February 4, 1936

Mrs. Bessie L. McIntire,

(b)(6)

MC INTIRE, Clide C.

(b)(6)

MCC-B-5

Dear Madam:

This has further reference to your claim for pension.

It is shown that you are entitled to pension of \$12.00 monthly from July 1, 1934 to May 12, 1935. Appropriate action is being taken to adjust your account.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JM: NPK



February 4, 1935

MCC-B-5

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

It is shown that your former wife, Mrs. Bessie L. McIntire, is entitled to pension of \$12.00 monthly from July 1, 1934 to May 12, 1935.

Appropriate action is being taken to adjust her account.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JMQ:NPK

*JMQ*



DECISION OF QUESTIONS OF FACT AND LAW

FILE COPY  
ORIGINAL

APPORTIONED AWARD BRIEF FACE

Philippine Insurrection  
not service connected

(Compensation—Pension—for Wife, Child, or Dependent Parent)

Clide C. McIntire

Cpl. Co. A, 44 U. S. Vol. Inf.

Date entered service (Name of veteran) 9-6-99  
Date separated 6-30-01  
Character of discharge Hon.  
Class of benefit awarded to veteran Reg. 1a Part I  
Par 1a Pub. 2 73 Cong.  
(Title of act and section or regulation)

Date veteran's claim was filed (Rank and organization) 7-9-01  
Name of disease or injury myocarditis, arthritis  
Is disability the result of veteran's own misconduct? no

Monthly amount of {pension} \$ 40.00 Degree of disability 40% Effective date thereof 7-1-33  
Has veteran since date claim was filed been in receipt of (a) active service pay, (b) retirement pay, (c) retainer pay, (d) emergency officer's retirement pay, (e) any other pension? yes  
If so, state which, and give date of discontinuance pension W.T.S. not discontinued  
Is veteran being furnished hospitalization or institutional or domiciliary care by the United States Government or any political subdivision thereof? no  
Is veteran holding any office, appointive or elective, under the Government of the United States, the municipal government of the District of Columbia, or any corporation the majority of stock of which is owned by the United States? no  
Is there an evidence of record indicating that the payee is guilty of any of the forfeiture acts, such as conspiracy, fraud, etc? no  
If so, state which act  
Is veteran residing beyond the continental limits of the United States? no  
Is there any claim of the United States of record in the Veterans' Administration subject to recovery or offset? no If so, state amount, \$, and how to be recovered

Name of claimant	Date of birth	Date of marriage to veteran	Date payee's claim filed
Wife Bessie L. McIntire		2-24-33	5-14-34
		In custody of—	
Child no. 1			
Child no. 2			
Child no. 3			
Child no. 4			
Child no. 5			
Mother	x x x x x x x	x x x x x x x x x	
Father	x x x x x x x	x x x x x x x x x	
Has proof of payee's relationship been filed? (Yes or no) yes	Date parent's dependency arose	Has proof of dependency been filed?	
If payments are to be made to a fiduciary, give:			
(a) Name and designation of fiduciary none	(b) Name of ward		
(c) Date of appointment of fiduciary	(d) Name of court or official making appointment		

REMARKS.—State authority under which apportionment is made; reference to basic decision of fact and law for veteran upon which apportionment is predicated or the authority of entitlement for disabled veteran; if payment is under Section 31, Public, No. 141, state circumstances; other pertinent remarks if necessary.

Reg. 6c Instr. 2 Par 1a Reg. 1a Part I Par 1a

Pursuant to the above the claimant is entitled to the following  
award of {pension} under the provisions of the {Act of March 20, 1933, Public, No. 2, 73d Congress, as amended.  
(STRIKE OUT PORTION NOT APPLICABLE)

Name and address of payee	Monthly payment	Commencing date	Ending date
Bessie L. McIntire	\$12.00	7-1-34	5-12-35
(b)(6)	S ubj. to prior payments.		

Submitted 2-4-1936 By Quinlivan Title Adj.

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public, No. 2, 73d Congress, as amended, and title III, Public, No. 141, 73d Congress, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved 2-4-1936 By F. J. McDonald Title Act. Atty. Rev.



December 27, 1935

MCC-Bf

Mrs. Bessie McIntire  
5957 1/2 South Broadway  
Los Angeles, California

McINTIRE, Clide C.

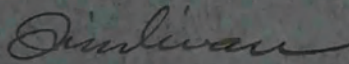
(b)(6)

Dear Madam:

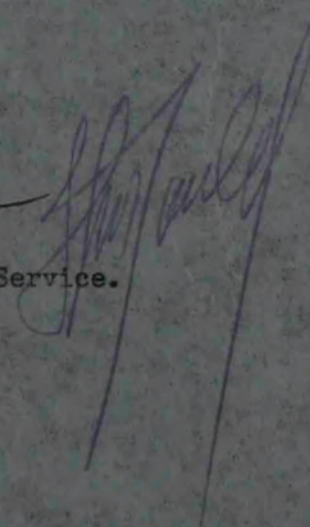
This is in reply to your letter of December 17,  
1935.

The legal question involved in your claim for  
pension is being considered, and you will be informed when  
action has been completed.

Respectfully,



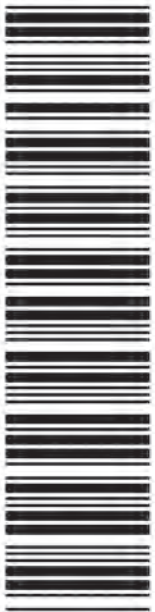
GEORGE E. BROWN  
Director, Veterans' Claims Service.



JMQ:heh



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



1 COUNTY OF LOS ANGELES )  
2 ) ss  
3 STATE OF CALIFORNIA )

MCC-Be  
CLIDE C. MCINTIRE  
(b)(6)  
Spanish American War Veteran  
Pension certificate number

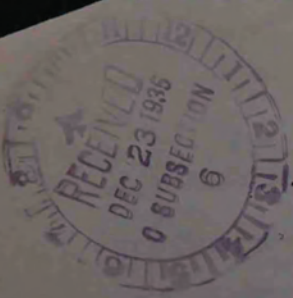
4 BESSIE MCINTIRE, being first duly sworn, deposes and says (b)(6)

5 That on January 8, 1934 affiant's husband CLIDE C. MCINTIRE by reason of  
6 his violence, cruelty, and threats of bodily harm made it necessary for affiant  
7 to leave the home of her husband; that the said cruel treatment had commenced as long  
8 ago as November, 1933 and continued until on and after January 8, 1934 as shown  
9 by the copy of the complaint in the divorce action affiant brought against  
10 CLIDE C. MCINTIRE which copy is attached hereto and made a part hereof as though  
11 fully set forth herein; under California law this constitutes desertion by the  
12 husband (Section 98 of the Civil Code of California); that since the said date  
13 affiant because of apprehension of physical harm has been forced to live separate  
14 and apart from him.

15 That on April 26, 1934 affiant filed suit for divorce as shown by the  
16 attached copy of the complaint in the said action and asked for support and  
17 maintenance.

18 That by way of settlement the husband offered to pay the costs of the action.  
19 before  
20 That affiant by agreeing to the said settlement and before signing the check  
21 upon which affiant believes were certain statements relative to maintenance, that  
22 she consulted the Chief Counsel of the Sawtelle Soldier's Home, Attorney Veits,  
23 and asked him if her making any such agreement and signing such a check would  
24 affect her right to her share of her husband's back pension and pension during  
25 the period between the interlocutory decree and final decree, and he replied that  
26 it would not and that it was a separate matter entirely; that in reliance upon  
27 this information affiant agreed to the settlement and signed the check and would not  
28 have done so had she not been so informed.

29 That she made application at once for her share of the pension and has  
30 conducted a long series of negotiations with this Bureau and has gone to much trouble  
31 and difficulty to furnish it with information relative to her husband's previous  
32 status, all in reliance upon the belief that she was entitled to a share of the  
pension.





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That no final decree has been entered in the said action.

That affiant owns no property either real or personal; that she has no income, money in bank, stocks or bonds or other investments; that she is entirely dependent upon her own daily labor for her support and that the work she does is taking care of an apartment house in return for the rent of her apartment and that her son pays her for his board and room for taking care of him.

That affiant is a woman of good moral character.

Bessie M. Justice

Subscribed and sworn to before me  
this 16th day of December, 1935

Lucile Conroy

NOTARY PUBLIC in and for said County and State





(b)(6)

VETERANS ADMINISTRATION  
Pension Form 5015  
Rev. Dec., 1931

DECLARATION OF WIFE UNDER ACT OF MARCH 3, 1899

State of California, County of Los Angeles, ss:

On this 14 day of December, A. D. 1935, personally appeared

Bessie McIntire, aged 44 years, before me the undersigned, who makes the following declaration as an application under the act of March 3, 1899, for ONE-HALF OF THE PENSION DUE OR TO BECOME DUE HER <sup>divorced</sup> HUSBAND, i.e. interlocutory but not final decree, who served in Spanish American war and is pensioned under certificate number (b)(6)  
(Here give full service of husband)

That she was married under the name of Bessie Compton, to said Clide McIntire, at San Bernardino, California on the 24 day of February, 1932, by J. W. Moore Justice of the Peace

That her said husband is an inmate at Sawtelle; he by his acts & cruelty compelled me to leave January 8, 1934; in California this is his desertion  
(Here state whether pensioner deserted claimant and the exact date of desertion OR whether he is an inmate of a Soldiers' Home and name the Home, or both, if the facts warrant)

That she was not divorced from her said husband; that she is a woman of good moral character and in necessitous circumstances, and is not an inmate of any institution or home provided for the wives and children of soldiers and sailors. I had she obtained an interlocutory decree of divorce May 10, 1934 but does not have a final decree

(1) Mabel E. Rowe

(Signature of first witness)

1255 B. Federal Ave. W. Los Angeles, Calif.

(Address of first witness)

(2) Frank C. Rowe

(Signature of second witness)

1255 B. Federal Ave. W. Los Angeles

(Address of second witness)

Bessie McIntire  
(Claimant's signature in full)

5957 1/2 S. Broadway  
(Claimant's address in full)

Los Angeles, California

Subscribed and sworn to before me this 14 day of December, 1935, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.

[L. s.]

Lucille Conely  
(Signature)  
Notary public  
(Official character)

2535 Hill St. Los Angeles Cal.  
(Post-office address of officer)

(OVER)

15-350



## AN ACT

### To amend section forty-seven hundred and sixty-six of the Revised Statutes of the United States

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled, That section forty-seven hundred and seventy-six, Title fifty-seven, of the Revised Statutes of the United States be, and the same is hereby, amended by adding thereto the following additional provisions and provisos, to wit: *Provided further*, That in case a resident pensioner of the United States shall for a period of over six months desert his lawful wife, she being a woman of good moral character and in necessitous circumstances, or, if he have no lawful wife, shall desert his legitimate minor child or children under sixteen years of age, or his permanently helpless and dependent child, the Commissioner of Pensions is hereby directed, upon being satisfied by competent evidence of such desertion, to cause one-half of the pension due or to become due said pensioner during the continuance of such desertion to be paid to the wife, or in case there is no wife, to the legal guardian of the child or children: *Provided further*, That when a soldier or sailor enters into a State home for soldiers or sailors as an inmate thereof, one-half of his pension accruing during his residence therein shall be paid to his wife, she being a woman of good moral character and in necessitous circumstances, or if there be no wife, then to his child or children under sixteen years of age, or his permanently helpless and dependent child, if any, unless such wife and children shall also be inmates of the same institution or of some home provided for the wives and children of soldiers and sailors: *Provided further*, That if any such pensioner is or shall become an inmate of a National Soldiers' Home one-half of the pension drawn in his behalf or to which he may become entitled during his residence therein shall be paid by the treasurer of that institution to such pensioner's wife, she being in necessitous circumstances and a woman of good moral character, or, if there be no wife, to the legal guardian of the minor child or children, or the permanently dependent and helpless child or children of such pensioner, on the order of the Commissioner of Pensions:

\* \* \* \* \*  
In all cases the questions of desertion, entrance into a home, necessitous circumstances, and of good moral character shall be ascertained and determined by the Commissioner of Pensions under such rules and regulations as he shall prescribe, and the treasurers or governors of the several soldiers' and sailors' homes shall be advised of such action from time to time.

Approved, March 3, 1899.

## INSTRUCTIONS

The declaration and testimony must be executed before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Pension Service of the Veterans Administration for general reference.

The evidence indicated below must accompany the declaration; otherwise it will not be considered as conferring any right upon the claimant, or as serving notice upon the Veterans Administration sufficient to warrant the suspension or the withholding of any part of the pension due the pensioner.

1. A certified copy of the public or church record of the claimant's marriage to the pensioner; or, if no such record exists, the claimant should so state under oath, give the reason why, and file the affidavit of the person who performed the ceremony; or, if that can not be obtained, the sworn statements of at least two credible witnesses who were present at the ceremony, showing the fact and date of marriage.

2. The affidavit of the claimant and of at least two credible witnesses, showing all of the facts and circumstances which led up to and immediately attended the final separation between the claimant and the pensioner, the exact date when it occurred, and the causes which induced it. (Desertion must have existed for a period of over six consecutive months before a declaration may be executed under the "Desertion" proviso.)

3. The affidavit of the claimant and of at least two credible persons, showing whether she owns any property, real or personal, and, if so, the value thereof; whether she has any income, money in bank, stocks, bonds, or other investments; or whether she is entirely dependent upon her daily labor for support, and, if so, the kind of labor, and the compensation received therefor by the day, week, or month.

4. The sworn statements of at least two credible persons showing whether the claimant is of good moral character.

5. A claim based on the soldier's residence in a State or National Soldiers' Home, and not on desertion, requires all the evidence above outlined except that as to desertion. If the soldier is an inmate of a State Home, it must be shown whether the claimant is an inmate of any Home provided for the wives and children of soldiers and sailors.

All evidence except record evidence, which should be properly authenticated, should be under oath; and the witnesses (who are required to have personal knowledge) should state their names in full, ages, post-office addresses, and means of knowledge of the facts to which they testify.

Do not fail to inscribe on each paper furnished the name and service of the pensioner and his pension certificate number.





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

RECEIVED NO. 121206

Plaintiff,

vs.

CLARK C. MC INTYRE

Defendant.

No. D121206

Action brought in the Superior Court of the  
County of Los Angeles, and Complaint  
filed in the Office of the Clerk of the  
Superior Court of said County.

## SUMMONS

THE PEOPLE OF THE STATE OF CALIFORNIA SEND GREETINGS TO:

CLARK C. MC INTYRE

Defendant.

You are directed to appear in an action brought against you by the above named plaintiff..... in the Superior Court of the State of California, in and for the County of Los Angeles, and to answer the complaint therein within ten days after the service on you of this Summons, if served within the County of Los Angeles, or within thirty days if served elsewhere, and you are notified that unless you appear and answer as above required, the plaintiff..... will take judgment for any money or damages demanded in the Complaint, as arising upon contract, or will apply to the Court for any other relief demanded in the Complaint.

Given under my hand and seal of the Superior Court of the County of Los Angeles, State of California, this 26 day of April, 1934.

(SEAL SUPERIOR COURT  
LOS ANGELES COUNTY)

L. E. LAMPTON,  
County Clerk and Clerk of the Superior Court of the State of  
California, in and for the County of Los Angeles.

By E. T. Crozier Deputy.

### NOTICE

APPEARANCE: "A defendant appears in an action when he answers, demurs, or gives the plaintiff written notice of his appearance, or when an attorney gives notice of appearance for him." (Sec. 1014, C. C. P.)

Answers or demurrers must be in writing, in form pursuant to rule of court, accompanied with the necessary fee, and filed with the Clerk.  
(OVER)



IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES



No. ....  
(Space below for filing stamp only)

..... Plaintiff  
vs.

..... Defendant

.....  
Attorney for.....

STATE OF CALIFORNIA }  
County of Los Angeles } ss.

.....being sworn, says: I am and was at the time of the service of the summons herein, over the age of eighteen years, and not a party to the within entitled action; I personally served the within Summons on the hereinafter named defendants, by delivering and leaving with each of said defendants personally, in the County of Los Angeles, ..... State of California, ..... at the address and the time set opposite their names, a copy of said Summons attached to a copy of the Complaint referred to in said Summons.

Name of Defendants Served	City and Street Address	Date of Service
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....
.....	.....	.....

My fees for services are, \$.....for.....miles actually traveled at.....cents per mile,  
\$..... Total, \$.....  
(Signed).....

Subscribed and sworn to before me this.....day of....., 193.....

L. E. LAMPTON.

County Clerk and Clerk of the Superior Court of the State of California, in and for the County of Los Angeles.

By.....Deputy.  
Notary Public in and for the County of Los Angeles,  
State of California.

1 IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

2 IN AND FOR THE COUNTY OF LOS ANGELES

3 BESSIE MC INTIRE,

4 Plaintiff,

NO.

5 vs.

COMPLAINT FOR DIVORCE ✓

6 CLIDE C. MC INTIRE,

7 Defendant.

8 Comes now the plaintiff, BESSIE MC INTIRE, and for cause of action  
9 against the defendant, CLIDE C. MC INTIRE, complains and alleges as follows.  
10 to-wit:

11 I.

12 That the parties to this action were intermarried at San Bernardino, Calif  
13 ornia, on February 24, 1933, and ever since have been and now are husband and  
14 wife.

15 II.

16 For statistical purposes required by the Code of Civil Procedure, section  
17 426a, the plaintiff alleges the following facts, to-wit:

- 18 1. The place of the marriage was San Bernardino, California;  
19 2. The date of the marriage was February 24, 1933;  
20 3. The date of the separation was January 8, 1934;  
21 4. The time intervening between the date of the marriage and the date of  
22 the separation was ten months and fourteen days;  
23 5. That there are no children as the issue of the said marriage;  
24 6. That there is no community property

25 III.

26 That the plaintiff is and for more than one year last past has been a  
27 resident of the County of Los Angeles, State of California.

28 IV.

29 That the defendant, disregarding the solemnity of his marriage vow,  
30 wilfully and without the consent of the plaintiff, and against her wishes,  
31 pursued a course of conduct toward the plaintiff which constitutes and does  
32 constitute a course of physical and mental suffering; that the acts comprising the





1 said course of conduct were as follows, to-wit:

2 That on or about November, 1933 he hit at plaintiff several times and  
3 called her vile names; that since that time he has hit at her several times; that  
4 on or about July, 1933 he cursed plaintiff for an hour and called her vile names.

5 That on January, 1934, after the separation of the parties herein, he came  
6 to the plaintiff's house, knocked the glass out of the front door with his fist,  
7 let himself in and struck at the plaintiff; that on that occasion the plaintiff  
8 ran past him to get away from him and fainted on the neighbor's doorstep.

9 That on Sunday, April, 22, 1934, the defendant hit the plaintiff with his  
10 fist and struck her in the eye and temple four times with a hammer and hit her  
11 on the arm and bruised her body and wrenched her back; that as a result the  
12 plaintiff's eye was badly swollen and very black and her temple cut and other  
13 black and blue marks appeared on her body so that she was obliged to obtain the  
14 aid of a physician; that at the said time, he called her vile names and swore at  
15 her.

16 That since the separation of the parties the defendant comes to plaintiff's  
17 house at night and peeps through the windows of her apartment and into the windows  
18 of neighboring apartments and annoys and molests the plaintiff.

19 That on four different occasions the defendant has threatened to kill the  
20 plaintiff; that plaintiff believes that he would do so if he has an opportunity and  
21 unless this court restrains him from annoying and molesting her.

22 That the plaintiff is employed taking care of an apartment court; that the  
23 defendant has tried to make her lose her position in order to force her to live  
24 with him; that he annoys the tenants of the said court in order to make her lose  
25 her position.

26 V.

27 That the plaintiff is without funds for the prosecution of this action and  
28 for costs and attorney's fees herein;

29 VI.

30 That the plaintiff is informed and believes and upon such information and  
31 belief alleges that the defendant is in receipt of \$40.00 a month as a pension  
32 from the government, and that on or about May 1, 1934 he will receive about \$250.00





1 back pension from the government; that defendant had \$450.00 in cash at the time of  
2 the separation of the parties and that probably the defendant has a good part  
3 of the said sum still on hand; that the defendant until July, 1934, at which time  
4 he received news of the resumption of his pension, worked as linen man in the  
5 Sawtelle Home for Veterans and was in receipt of wages from that source, but that  
6 upon notice of the pension being resumed, he quit his said job.

7 VII.

8 That \$100.00 is a reasonable sum as an attorney's fee.

9 WHEREFORE plaintiff prays:

10 1. That the bonds of matrimony existing between the parties be dissolved.

11 2. That the plaintiff be awarded \$100.00 attorney's fee and her costs in this  
12 action.

13 3. That the defendant be restrained from molesting and annoying the plaintiff,  
14 and be restrained from coming upon the premises of the apartment court which  
15 plaintiff cares for and in one of which apartments plaintiff lives, or coming  
16 closer than within a block of the said premises.

17 4. That the husband be required to give security for the payment of such  
18 sums as this court may award.

19  
20  
21 *L. J. Connelley*  
22 ATTORNEY FOR PLAINTIFF  
23  
24  
25  
26

27 *Verified by Mrs. McDutty.*  
28  
29  
30  
31  
32







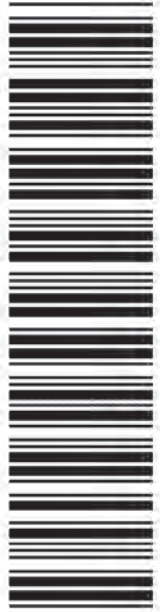
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



1 COUNTY OF LOS ANGELES )  
2 STATE OF CALIFORNIA ) ss

MCC-Be  
CLIDE C. MCINTIRE  
(b)(6)  
Spanish American War Veteran  
Pension certificate number (b)(6)

4 MABEL E. ROWE and FRANK C. ROWE, being first duly sworn, each for himself and  
5 not for the other, deposes and says:

6 That they ~~have~~ knowh Bessie McIntire for about three and one-half years and  
7 that they know her to be of good moral character.

8 That they are acquainted with her financial standing; that she owns no  
9 property either real or personal; that she has no income, money in bank, stocks  
10 or bonds or other investments; that she is entirely dependent upon her own daily  
11 labor for her support and that the work she does is taking care of an apartment  
12 house in return for the rent of her apartment and that her son pays her for his  
13 room and board for taking care of him.

14 That on or about April 22, 1934 Clide C. McIntire hit Bessie Mc Intire  
15 with a hammer and left a large gash over her eye and made her eye black; that  
16 affiant Mabel Rowe and others in the apartment house heard Bessie McIntire scream  
17 and went running to her apartment; that Mabel Rowe saw him put up his hand to hit  
18 her and saw her eye bleeding and affiant Frank C. Rowe saw the gash and the black  
19 eye afterwards.

20 *by Mabel E. Rowe*  
21 Subscribed and sworn to before me

*Mabel E. Rowe* -----

*Frank C. Rowe*

22 this 16th day of December, 1935

23 *Adolph S. Swanstrom*  
24 NOTARY PUBLIC in and for said County and State

25 Subscribed and sworn to before me this  
26 17 day of December, 1935

27 *by Frank C. Rowe.*  
28 *to me well known.*

*Adolph Swanstrom*

29 ADOLPH S. SWANSTROM, Notary Public  
30 in and for Los Angeles County, California  
31 My Commission Expires: November 28, 1939  
32 Address: National Military Home, California

701 0-8 1-11





Los Angeles, Calif.

Dec. 17 - 1935

Mr. Geo E. Brown  
Washington, D.C.

MCC-BF

M. J. J. J. J.

(b)(6)

Dear Sir. In reply to your

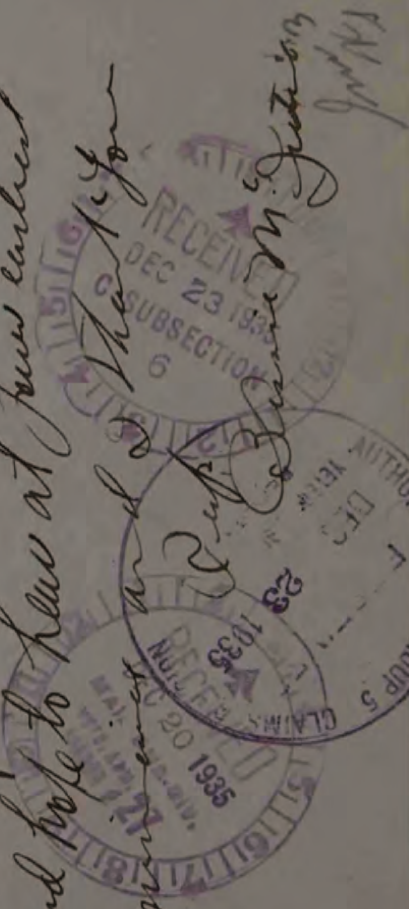
letter of Dec. 21. 1935 through

Lucile Conway I did not get  
an answer to several letters to  
you - regarding this case as I  
had changed address a couple times  
was late in hearing from  
Lucile Conway, as I had suffered  
from with all epidemics from  
required & only signed the  
check by admin. from. The return  
from - chiefly that it did  
not apply to the - any way as  
I was intitled to a share of

from - for one year during

The introductory decree or I  
would not have signed it.  
And was advised by the person  
to apply for my share of the  
person - for that period. I went  
to considerable trouble & some  
expense to obtain the information  
you required, I haven't funds to  
do more and trust that I  
am intitled to a part of it.  
Money I will not take so long  
as before to get settled.  
And hope to hear at some earlier

conclusion and I thank you  
Very truly,  
Frances M. J. J. J.





(b)(6)

FILE COPY

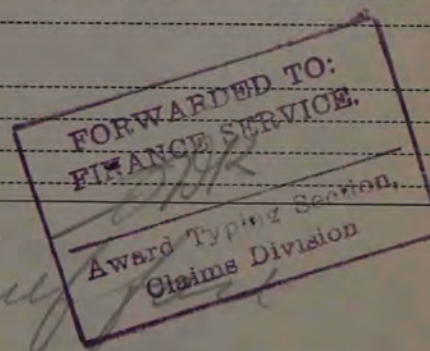
DECISION OF QUESTIONS OF FACT AND LAW

Disability Pension Brief Face—Disabilities Not Incurred in Service

*Clide C McIntire*  
(Name of veteran)  
*Capt. Co. H 4th Inf. 2nd Div.*  
(Rank and organization)  
Date entered service *2-6-99*  
Date separated *2-20-31*  
Character of discharge *hon*  
Did veteran have active military or naval service for a period of 90 days or more during—  
(a) Spanish American War  
(b) Philippine Insurrection *yes*  
(c) Boxer Rebellion  
(d) World War  
If claim is for pension on account of service in Philippine Insurrection or Boxer Rebellion, was there actual participation in hostilities  
Degree of disability *75%* Effective date thereof *8-13-35*  
Is disability the result of veteran's own misconduct? *no*  
Date of birth of veteran *8-21-1878*  
Is veteran married? *no*  
or  
Has he minor children?  
Amount of annual income  
Has payee since date claim was filed been in receipt of (a) active service pay, (b) retirement pay, (c) retainer pay, (d) emergency officer's retirement pay, (e) any other pension? *yes* If so, state which, and give date of discontinuance *connection Reg. 1a from 7-1-33 to 8-12-35*  
Is payee being furnished hospitalization or institutional or domiciliary care by the United States Government or any political subdivision thereof?  
Is payee holding any office, appointive or elective, under the Government of the United States, the municipal government of the District of Columbia, or any corporation the majority of stock of which is owned by the United States?  
Is there any evidence of record indicating that the payee is guilty of any of the forfeiture acts, such as conspiracy, fraud, etc.? *no*  
If so, state which act  
Is payee residing beyond the continental limits of the United States?  
Is there any claim of the United States of record in the Veterans Administration subject to recovery or offset?  
If so, state amount, \$, and how to be recovered  
If payments are to be made to a fiduciary, give—  
(a) Name and designation of fiduciary  
(b) Name of ward  
(c) Date of appointment of fiduciary  
(d) Name of court or official making appointment

REMARKS:

*Put 269-744 Cong  
see service connected by*



Pursuant to the above the claimant is entitled to the following award of pension under the provisions of the act of March 20, 1933, Public, No. 2, as amended:

NAME AND ADDRESS OF PAYEE	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>Clide C. McIntire</i>	<i>none</i>	<i>7-1-35</i>	<i>8-12-35</i>
<i>same</i>	<i>50.00</i>	<i>8-13-35</i>	<i>8-21-53</i>
	<i>60.00</i>	<i>8-22-53</i>	

Submitted *11-11-35*, 193

Title *Adg*

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public, No. 2, as amended, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved *NOV 11 1935*, 193

Title *Adg*







DECISION OF QUESTIONS OF FACT AND LAW

SUPPLEMENTAL AWARD BRIEF FACE

(Disability—Death—Compensation—Pension)

Clide C McIntire Corp Co A. 44th U.S. Inf  
(Name of veteran) (Rank and organization)

(Name and address of payee)

Class of {pension  
compensation} now being paid

(Title of act and section or regulation)

Date on which basic decision of fact and law was approved

If award is increased, give date evidence of entitlement was received

Is there any claim of the United States subject to recovery or offset?

If so, state amount, \$

how to be recovered

Reason for amendment (to be followed by additional remarks and information where necessary):

FORWARDED TO:  
FINANCE SERVICE.  
Award Typing Section,  
Claims Division

Veteran divorced 5-13-35.  
Veteran entitled to full pension from  
that date. See also Ser Bufface  
entitled to greater now ser pension from 8-13-35

Pursuant to the above the claimant is entitled to the following

award of {pension  
compensation} under the provisions of the {act of March 20, 1933, Public No. 2, 73d Congress, as amended.  
act of March 28, 1934, Public No. 141, 73d Congress.  
act of June 28, 1934, Public No. 484, 73d Congress.  
(STRIKE OUT PORTION NOT APPLICABLE)

New award	Monthly payment	Commencing date	Ending date	New award	Monthly payment	Commencing date	Ending date
40%	40 <sup>00</sup>	5-13-35	8-12-35				

Submitted

193

by

Title

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public No. 2, 73d Congress, as amended, title III, Public No. 141, 73d Congress, and Public No. 484, 73d Congress, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved

193

by

Title





COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

2350708 28 5

ALJ PUB 269  
74 CONGRESS  
8/13/76 57

\$28.00

(b)(6)

CLIDE C MC INTIRE 5B

WEST LOS ANGELES

BX 143

CALIF

47



Hospital	Sex	Col.	Age	Benef.	T.P.	Primary Diag.	Y Time	X	Operation Diag.	Anatomic	Operation	Anes.	Date of Oper.	X Ray	Result of Oper.	Date of Disch.	12 Time	C	12 NUMBER
0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1	1
2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2	2
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7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7	7
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9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9	9
1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20

November 8, 1935

MCC-Be

Mr. Clide C. McIntire,  
Box 143,  
West Los Angeles, California.

(b)(6)

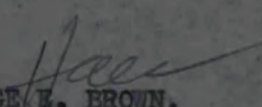
Dear Sir:

This is in reply to your letter of November 1,  
1935.

Your claim has been reviewed and you are shown to be entitled to pension of \$40.00 monthly from May 13, 1935 to August 12, 1935. This is subject to prior payments made to you over the same period. This amount is payable by reason of your service connected conditions which are held to be forty per centum disabling. Effective August 13, 1935, your pension is increased to \$50.00 monthly. This amount is payable by reason of your combined service and non-service connected conditions which are seventy-five per centum disabling. Since this is the greater amount, it has been awarded. On August 27, 1935 you will be entitled to non-service connected pension of \$60.00 monthly since you will then have attained the age of seventy-five.

Appropriate action is being taken to adjust your account.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

SHT:dh



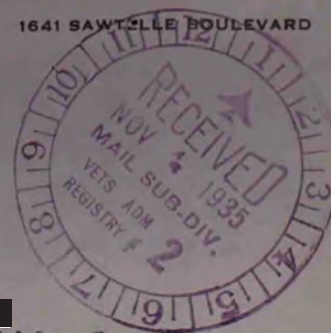
W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

November 1st,  
1935.

MCC-Be

(b)(6)

McINTIRE, Clide C.



George E. Brown, Director,  
Veterans' Claims Service,  
Washington, D. C.

Dear Sir:

On may 10th, 1934, my wife was granted an Interlocutory Judgment of Divorce from me and on May 13, 1935 the Final decree was entered absolutely dissolving the bonds of matrimony between myself and said wife. My said divorce wife, notwithstanding she had signed a voucher by way of settlement in our case, wherein she released all claims of alimony and costs of action, maintenance and support, nevertheless made an application for a portion of my pension and pending the outcome 30 per cent of my pension was held up from about July 1st, 1934, and I am still getting only \$28.00 per month, whereas my pension check from last date mentioned should be \$40.00.

I have written you heretofore in reference to this matter but as yet I have failed to hear from your office and I am now most respectfully requesting that you write a reply to this at your earliest convenience so that I will know the status of my pension rights, and that said money be released and forwarded to me. I am wondering whether this has been overlooked or there has been an error on the part of one of your clerks causing this delay.

Yours very truly,

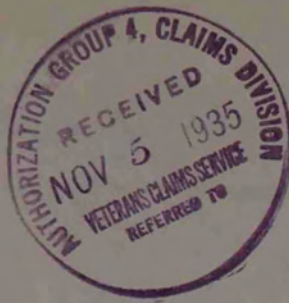
*Clide C. McIntire*

Clide C. McIntire.

(b)(6)

*W. E. Dillon*







October 22, 1935

MCC-Be

Lucile Corsey,  
Attorney at Law,  
255 South Hill Street,  
Los Angeles, California.

McINTIRE, Glide C.

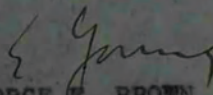
(b)(6)

Dear Madam:

This will acknowledge receipt of your letter dated October 2, 1935.

According to the evidence on file Mrs. Bessie McIntire, the former wife of this veteran, waived her right to support and maintenance and did not contest her divorce on those grounds. If she desires to reopen her claim she should execute and return the enclosed Form 5015 to this office, with additional affidavits on this feature of her claim.

Respectfully,

  
GEORGE E. BROWN,

Director, Veterans' Claims Service.

Enclosure:  
Form 5015

EY-hms:

REFERENCE SLIP

Referred to- Director, Veterans' Claims  
Service - Washington, D. C.

For approval \_\_\_\_\_  
attention XXX \_\_\_\_\_  
comment \_\_\_\_\_  
correction \_\_\_\_\_  
follow-up \_\_\_\_\_  
recommendation \_\_\_\_\_  
report \_\_\_\_\_

To call me \_\_\_\_\_ see me Due by \_\_\_\_\_  
indicate changes \_\_\_\_\_  
note and file \_\_\_\_\_  
note and return \_\_\_\_\_  
prepare reply \_\_\_\_\_  
rewrite \_\_\_\_\_  
send literature \_\_\_\_\_

When necessary to identify papers to which this  
form is attached, write subject, date, author, etc.,  
here \_\_\_\_\_

McINTIRE, Clide C.

(b)(6)

Remarks: Examined in compliance with  
your Form 2507 dated 7-18-35.

Date 10-2-35 From VAF Los Angeles



RATING SHEET - CENTRAL RATING BOARD

Washington, D. C.

Date.....OCT 17 1935

C-No. (b)(6)  
MCC-A/41/LC

In re:.....McINTIRE, Clide C.  
(Claimant's name)

(b)(6)

(Address)

Date of enlistment.....9/6/99..... Date and nature of discharge.....6/30/01.....

Date of last examination.....8/21/35.....

Prewar occupation..... Variants.....

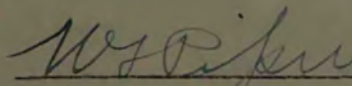
Seventy-five percent (75%) from 8/13/35.  
Rating: Public 269, 74th Congress.

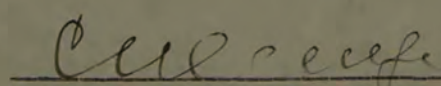
Not incident to service, Reg. No. 12. Presumption rebutted by affirmative evidence or sound medical judgement. (PI).  
Enlarged liver, moderate; Chronic arthritis, left knee; arterio-sclerosis; sciatic neuralgia right mild; chronic conjunctivitis; chronic myocarditis moderate; chronic aortitis; Hypertension; Sacro-iliac arthritis mild.

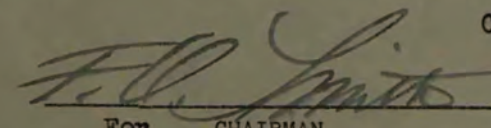
Fifty percent (50%) from 7/1/33. ✓  
Reg. 1(b) Part III

(D) Not permanent total.  
Reg. 1(a) Part III Par. I(a).

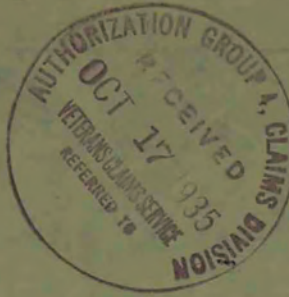
✓ Seventy-five percent (75%) from 3/28/34 to 8/12/35.  
Public 299, 71st Congress; Reenacted by Public 141, 73d Congress.

  
LEGAL MEMBER

  
MEDICAL MEMBER  
C. W. COWPER, M.D.

  
For CHAIRMAN

J. D. HAYES.



E.O. DOX. INC. A CORPORATION OF CALIF.

REC-VA/IC  
3 340 208



# RATING BOARD WORK SHEET

Date.....

C No. (b)(6)

Date of enlistment..... 9/6/99

Date and character of discharge..... 6/30/01

Date of last examination..... 8/21/35

(Name)

(Address)

The disabling effect of each disease or injury must be set forth separately in the order of severity showing the respective diagnosis and the beginning and ending dates of ratings. The numbers and letters shown below correspond to those in Instructions under Regulation No. 3 series. The appropriate number, letter, or enlistment service will be circled.

CODE	DIAGNOSIS	%	FROM--	TO--	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 a b c d e f g h i j k l m n o p q r s t u v w x y z aa bb cc dd ee ff gg hh ii jj kk ll mm SAW BR PI WW PTE
	Arthritis - left knee				
	Arteriosclerosis - Sciatic neuralgia gum - ex cornu mentis				
	Ex myocarditis mod				
	Ex aortitis				
	Scler. - iliac mod				
	K-1-a from 7-1-33				
	Code 74 from 3/28/34				
	Code X74 from 8-13-35				

COMBINED RATING

% FROM-- TO--

Rating Specialist

Rating Specialist

Rating Specialist

NOTE.—If additional space is necessary, use extra work sheets. Reverse side to be used for special remarks or explanatory memorandum concerning above ratings.



**LUCILE CONREY**

ATTORNEY-AT-LAW  
255 SOUTH HILL STREET  
MICHIGAN 2523  
LOS ANGELES, CALIFORNIA

October 2, 1935



MCC-557

Be

McINTIRE, CLIDE C.

(b)(6)

Mr. George E. Brown,  
Director, Veterans' Claims Service,  
Veterans Administration,  
Washington, D.C.

Dear Mr. Brown:

Mrs. Bessie McIntire, of 1259 Federal Avenue, West Los Angeles, California, has asked me to write you concerning the status of her claim to her share of the money due Clide C. McIntire for the year between the date of her interlocutory decree for divorce and the final decree and also the sum of money due him previously. She tells me that she has furnished you with all of the necessary documents and is wondering why she has not received the money. She said that she understood that a part of it at least was being distributed to him last month.

Will you please let her hear from you regarding the matter. Please write her directly instead of through me, and address her letter to 3027 Hoover Street, Los Angeles, California.

Yours very truly,

*Lucile Conrey*  
LUCILE CONREY

LC/YT

RECEIVED

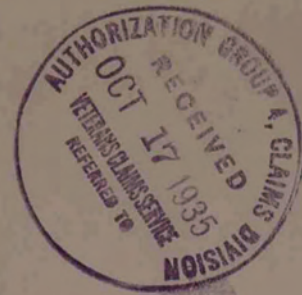
Veterans' Claims Service  
CLAIMS DIVISION

OCT 11 1935

CENTRAL RATING BOARD

Referred to







VETERANS ADMINISTRATION

WASHINGTON

SEPT 4 1935

IN REPLY REFER TO: MCC-B

CLIDE C MC INTIRE

(b)(6)

WEST LOS ANGELES

BX 143

CALIF

Dear Sir:

In accordance with the provisions of an Act of Congress approved August 13, 1935, the vast majority of payments to veterans of the Spanish-American War, Boxer Rebellion and Philippine Insurrection will be adjusted by September 30, 1935, and the check dated September 30, 1935 will cover the full restored rate of pension for the month of September, plus the increase in rate from August 13, to August 31, 1935. The full restored rate of pension is that rate which was provided by the laws in effect March 19, 1933.

It is not necessary that a new claim be filed in order to receive the benefits provided by the Act of Congress approved August 13, 1935, but each claim will be reviewed as rapidly as possible without the filing of a new application or the writing of any letter on the part of the claimant or any person interested in his claim.

In the event that you have filed an appeal from the action taken on your claim by reason of the provisions of Public Act No. 2, 73d Congress or Public Act No. 141, 73d Congress, this increase of pension to the rate in effect on March 19, 1933 will be considered as disposing of such appeal, unless you signify your desire for further action on the appeal within six months from the date of this letter.

Every effort is being made to adjust the remaining cases not increased on September 30, 1935, as soon thereafter as possible.

When necessary to write relative to this claim, please use file number appearing above.

By direction,

*George E. Brown*

GEORGE E. BROWN,  
Director, Veterans' Claims Service.



August 26, 1935

MCC-Be

Mr. Clyde C. McIntire,

(b)(6)

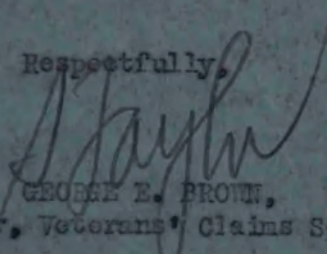
(b)(6)

Dear Sir:

This is in reference to your affidavit of August 19, 1935.

The question of apportionment of your pension is receiving consideration and when action is taken, you will be informed.

Respectfully,

  
GEORGE E. BROWN,

Director, Veterans' Claims Service.

SHT/mom



1  
2 STATE OF CALIFORNIA )  
3 COUNTY OF LOS ANGELES ) ss



4 AFFIDAVIT OF CLYDE C. McINTIRE

5 (b)(6)

6  
7  
8 On this 19th day of August, 1935, personally appeared  
9 before me, W.E. DILLON, Notary Public in and for said County  
10 and State, Clyde C. McIntire, being by me duly sworn, who  
11 deposes and says:

12 That he is the identical person mentioned above and  
13 in reply to the letter from the Veterans Administration dated  
14 August 8, 1935, says:

15 I wish to inform you that Vivian Rounds, Fay Vera  
16 Rounds and Fay Vera McIntire are one and the same person.  
17 We were married in El Reno, Oklahoma in 1913 and divorced in  
18 Chickasha, Oklahoma in 1920, of which divorce you have a  
19 certified copy in your records. I have been married only  
20 twice in my life.

21 You will note in the divorce record you have on file that  
22 Fay Vera McIntire asked to have her maiden name restored to her,  
23 which you will note is Rounds.

24 Clyde C. McIntire

25 SUBSCRIBED AND SWORN to

26 before me this 19th day of August, 1935.

27  
28 Notary Public  
29 In and for said County and State.  
30  
31  
32



RECEIVED  
OFFICE OF THE  
DIRECTOR  
JUL 23 1935

TO THE DIRECTOR, BUREAU OF REVENUE  
FROM THE DIRECTOR, BUREAU OF CUSTOMS

RE: [illegible]

DATE: [illegible]

REFERENCE IS MADE TO [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

IT IS [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

IT IS [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

IT IS [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

AND TO THE [illegible] OF THE [illegible]

AUTHORIZATION GROUP  
AUG 23 1935  
RECEIVED  
OFFICE OF THE  
DIRECTOR  
JUL 23 1935

RECEIVED  
OFFICE OF THE  
DIRECTOR  
JUL 23 1935

RECEIVED  
OFFICE OF THE  
DIRECTOR  
JUL 23 1935



VETERANS ADMINISTRATION  
Medical Form 2545  
Rev. June, 1932

Read carefully INSTRUCTIONS, page 8. Use  
"Additional," page 7, when the space under any  
caption is not sufficient for notations.

PENSION

REPORT OF PHYSICAL EXAMINATION

Date of admission to hospital ..... 193

C-No. (b)(6)

Date of discharge from hospital ..... 193  
(See Note 11, page 8)

S. O. ....

S. C. ....

Referred to

1. Claimant's name McINTIRE, Clide C. Address P.O. Box 143, W. Los Angeles, Cal.  
(Last) (First) (Middle)

2. Examined Vet. Adm. Facility, Los Angeles, Calif. 8-21-35 8-21-35 3. Age 57 Color White  
(Place) (Began—date) (Ended—date)

Birthplace Kansas Race Cauc. Color of eyes Brown Color of hair Brown

4. Height 71½ inches. Weight (weigh him) 201 Highest weight in past year .....

5. Permanent marks and scars other than described below:

6. Rank and organization Pvt. & Corp. Date of induction 9-6-99; of discharge 6-30-01  
Co. A, 44th Regt. US Vol. Inf.

7. Origin and date of incurrence of disability as alleged by claimant:

8. Brief medical and industrial history:

(In first examinations, this history must cover sufficiently the time elapsing since date of discharge from military service. When previous examinations have been made, the examiner will record only the medical and industrial history covering the period since the most recent previous examination, thereby bringing it up to date of his examination. If, for any reason, such history can not be obtained, the reason wherefor must be stated. The data to be noted are: When, where, by whom, and for what condition has the veteran received medical treatment? When, where, by whom, and at what occupation and wages was he employed, and how continuous was the employment?)

Was a member of the Home here from 1930 until March, 1934. Was in the hospital on one occasion for about a month during that time for heart trouble. Has had no other treatment since his examination for rating purposes. Has taken digitalis from time to time and has nitroglycerine with him all the time for dizzy spells he says he has. Has done no work of any kind since he left the Home.

9. Present Complaints: Has heart pains, especially at night. Has to sleep propped up in bed. Heart beats fast and he gets short of breath. Takes digitalis to slow his heart. Now taking eight drops twice a day.

9. Present complaint (subjective symptoms, not diagnosis):

(See bottom of 7th page, this form, for claimant's certification of fullness of answer to question 9. The examiner will acquaint the claimant with this requirement prior to noting complaints.)

Has pain up and down his legs and hips, worse at night; right leg is worse than left. Seems like the worst pain comes on with darkness. Doesn't sleep well.



*For the physical examination the claimant must be stripped.*

10. Temperature 99 Respiratory rate: Standing 28, sitting .....; immediately  
not exercised  
after exercise .....; 3 minutes after exercise ..... Pulse rate: Standing 140,  
sitting 120; immediately after exercise .....; 3 minutes after exercise .....

Any arrhythmia of pulse? No (If so, describe .....

B.P. at rest 170/90.

(Taken 3 minutes after exercise)

Blood pressure:

Systolic standing 150, diastolic 100

(The exercise test will consist of 25 hops, alternately, on each foot)

11. General appearance Obese; nutrition good; muscular development good;  
carriage erect; posture normal; gait normal.

12. Eyes: External structures, each eye See attached report.

Internal structures, each eye (if practicable) .....

Vision (Snellen chart): Uncorrected R- 20/ L- 20/

Corrected R- 20/ L- 20/

*Unless there is evidence of disease, only the first question need be answered under each of the following headings:*

**See attached report.**

13. Ears. Auditory canals: Normal? ..... Discharge? ..... From external canal or  
middle ear? ..... Mastoidectomy scar? ..... Appearance of membrana tym-  
pani? ..... Ordinary conversation heard: Right ..... feet; left ..... feet.  
Loud conversation: Right ..... feet; left ..... feet. Whispered voice: Right .....  
feet; left ..... feet. Tests for bone conduction (specify; as Rinné, Weber, Schwabach):

14. Nose, throat, sinuses: Normal? ..... If not, record findings: **See attached report.**

15. Cardio-vascular system: Normal? .....  
(If not, record area of heart dullness, murmurs, thrills, dyspnea, cyanosis, oedema. Any aneurism? (If so, describe.)  
Any arteriosclerosis. (If so, what degree?) Record any electrocardiographic examination made under "Laboratory  
examinations.")

Radials slightly sclerotic. A.C.D. increased 2 cm outside the left mid  
clavicular line. Apex impulse not palpable. No arrhythmia or thrills  
noted. First sound is impure over the mitral area; no definite murmurs  
noted. First sound is accentuated over all valve areas. (Vide Par. 16)

15-490



CLINICAL RECORD  
OBJECTIVE SYMPTOMS

Room 34

PENSION

PHYSICAL EXAMINATION.—General appearance, weight (normal and present), eyes, ears, nose, tongue, teeth, throat, lungs, heart, arteries, pulse, blood pressure, abdomen, intestines, liver, spleen, kidneys, skin, mucous membranes, bones, joints, muscles, glandular system, nervous system, genito-urinary system. Special sheets will be used for neuropsychiatric patients, and for patients in whom the principal disability is disease of the lungs or teeth. Record a brief summary of findings leading to diagnosis. Diagnosis by name and number will be recorded on this sheet.

Date 9-17-35 Hour

EYES: O.D.V. 20/40 corrects to 20/20.

Pupils react to l & a.

O.S.V. 20/40 corrects to 20/20.

No corneal scars or ulcers.

Pterygium nasal side O.U.

Chr. conjunctivitis O.U. mild.

EARS: Tymp. membrane slightly retracted, bilateral.

External auditory canals negative.

No perforations or discharge visible this date.

Right: Bone and air conduction somewhat lessened. Hearing 25/40.

Hears conversational voice at 25 ft.

Left: Bone and air conduction somewhat lessened.

Hearing 15/40. Hears conversational voice at 15 ft.

Chronic otitis media, catarrhal, bilateral.

NOSE:

Deviated septum to right, partially obstructing.

THROAT:

Chronic infected tonsils.

DIAGNOSIS:

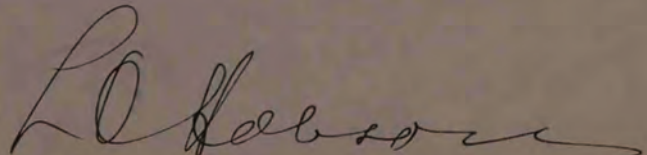
Defective hearing, bilateral.

Chronic infected tonsils.

Pterygium, O. U.

Chronic conjunctivitis, O. U., mild.

REMARKS:



L. C. HOBSON, M.D.

Ward Surgeon.

MC INTIRE, Clide C. age 57

Pvt. Corp. Co. A, 44th Regt.

U.S. V. Inf.

W-4694

PENSION

(Surname)

(Given name)

(Class of beneficiary)

(C-No.)

(Register No.)

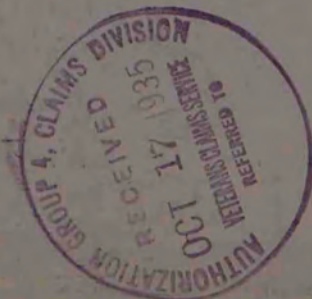
OBJECTIVE SYMPTOMS

Santa Monica, Calif.—8-19-35—300



CLINICAL RECORD

CHRONIC SYMPTOMS



S. O. ....

S. C. ....

16. Respiratory system: Normal? Yes

(If not, give shape and measurements of chest on inspiration, expiration, and at rest. Any difference in mobility on or contour of sides? Record physical signs, in each lung separately, upon palpation, percussion, and auscultation. State quality and location of râles during inspiration following expiratory cough. State areas of infiltration, consolidation, and cavities, by lobes; record area of adhesions or fluid. Any cough, expectoration, or hemorrhage? Record sputum examinations under "Laboratory examinations.")

*O. S. Essenson*

O. S. Essenson, M. D.,  
Att. Specialist (Chest)

Par. 15 continued:

There is no cyanosis or oedema noted. Respirations accelerated at all times during examination.

17. Digestive system: Are mouth, teeth, gums, stomach, intestines, liver, gall bladder, and rectum

normal? .....

(If not, describe findings. Record X-ray gastro-intestinal series and examination of stomach contents or feces under "Laboratory examinations.")

Teeth are in poor condition.  
Abdomen is round, protuberant; very large amount of adipose tissue.  
Liver extends three fingers' breadth below the anterior costal margin.  
There is no complaint, however, on pressure over this area.  
Rectum shows evidence of slight hemorrhoids.

18. Spleen; lymphatic glands: Normal? Yes If not, record findings.



19. Nervous system: Are brain, spinal cord, peripheral nerves, and mentality normal? Yes  
 (If not, record mental and neurological findings: Intelligence, school, and general knowledge, memory for remote and recent events, orientation, retention, mental trends, emotional reactions; state of thinking processes, including attention; insight, cooperation and deportment; hallucinations, delusions; stations and gait; Romberg's sign, deep and superficial reflexes, muscular atrophies, sensation disorders, tremors, paralyses, contractures, etc. Is the patient competent? Any endocrine disorders? If so, describe symptoms in full. Record seriological tests under "Laboratory Examinations.")

Neurological examination today is entirely negative. No tenderness over either sciatic notch or along the course of either sciatic nerve or in either popliteal space. No sensory changes. Knee jerks equal and normal. There is nothing suggestive of a sciatic syndrome today. Complaints of a great deal of pain in the right hip locating it over the great trochanter. He does not appear to be unduly emotional. Is cooperative and in good contact with his environment. No delusions or hallucinations. There is nothing suggestive at this time of a psychosis or psychoneurosis.

Frank L. Long, M. D.,  
 Attending Specialist (N.P.)

20. Genito-urinary system: Kidneys, bladder, prostate, penis, testicles normal? .....  
 (Record urine analysis (color, reaction, sp. gravity, albumin, sugar, casts, pus, blood, shreds) and permeability tests under "Laboratory examinations.")

15-490

Examination shows prostate to be slightly hypertrophied.





VETERANS ADMINISTRATION  
Medical Form 2545  
Rev. June, 1932

C-No.

(b)(6)

(See Par. 9, page 8)

S. O.

S. C.

21. Rheumatism: Articular or muscular? See Par. 29. What joints affected? .....  
..... Swelling, crepitus, atrophy deformity, limitation of motion, ankylosis?

22. Hernia: Inguinal, femoral, ventral, umbilical? No Side? ..... Size? .....  
If inguinal, complete or incomplete? ..... Truss worn? ..... Re-  
tained by truss? ..... Operable? .....

23. Hydrocele? No Varicocele? No Side? ..... Size? .....

24. Varicose veins? No Size and location? .....  
Sacculated or ruptured? ..... Scars or ulcers? .....  
Elastic stocking worn? ..... Operable? .....

25. Pes planus (flat or weak foot)? No Side? ..... Degree—first, second,  
third? ..... Abduction (eversion)? ..... Inner border bulged? .....  
Painful? ..... Limp? ..... Stand on toes? ..... Pes cavus (hollow  
foot)? No Side? ..... High arch? ..... Dorsal flexion at ankle lim-  
ited on active and passive motion? ..... Associated equinovarus? .....  
Hallux valgus (bunion)? No Side? ..... Painful? ..... Describe:

26. Skin (location, type, extent of lesions): Normal.

27. Residuals of gunshot wounds or other injuries:  
(Level of injury, location and character of scars, limitation of motion, muscle injury, effect on functions.)

15-490

None.



28. Evidence of effects of past or present vicious habits (alcohol, narcotics, venereal infections):  
(Report laboratory tests under "Laboratory examinations.")

None.

29. Laboratory examinations:

(X-ray, including gastro-intestinal series; urine analysis; kidney permeability; sputum examinations; blood counts; blood sugar determinations; Wassermann test or modifications for blood and spinal fluid; other spinal fluid examinations; basal metabolism; electrocardiographic examination; examination of stomach contents; of feces, etc., if made.)

15-400

URINALYSIS: Straw color. Neutral reaction. Sp. gr. 1.012. Albumin negative. Sugar negative. Moderate number W.B.C. Few epithelia. Urates.

ELECTROCARDIOGRAM: (Report attached)

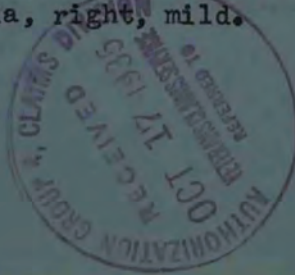
X-RAY OF HEART: (Report attached)

ORTHOPEDIC REPORT:

Complaint: "Stiffness in the hips and legs which causes difficulty in walking, and pain up and down right thigh and leg." Station erect. Gait: inelastic; somewhat stiff. Upper extremities are symmetrical in size and symmetry and show a normal range of motion. Back is broad and muscular. Spine is straight and shows normal curve and is within normal flexibility. There is tenderness over the lumbosacral region only on deep pressure. There is no pain on deep palpation over the muscles of the back or over sacroiliac joint. Lower extremities are symmetrical and comparative measurements show no evidence of disuse atrophy. Voluntary motion of hips and knees is slightly limited. Legs can be flexed passively within normal limits but motion is slow and guarded. There is no crepitation in the joints and no objective evidence of pain. No inflammation of joints or evidence of swelling. Straight leg raising is limited on right with hamstring tenderness and tension referred to low back region. No Laseque sign. (X-ray attached)

Diagnosis: Sacro-iliac arthritis, mild.  
Chronic arthritis, left knee.  
Sciatic neuralgia, right, mild.

*F. C. Pache M.D.*  
F. C. Pache, M. D.,  
Medical Examiner.





34218  
CLINICAL RECORD

RETURN TO OUTPATIENT  
SERVICE, ROOM 34

ROENTGENOLOGICAL REPORT

From Ward \_\_\_\_\_ To X-ray Laboratory \_\_\_\_\_

Date 8-21-1935

Roentgenological examination requested

Heart

RT Hip joints

Lumbo sacral region

Back

Date of previous report \_\_\_\_\_

Clinical diagnosis

Ch myocorditis

S. B. Bay  
Medical Officer

From X-ray Laboratory to Ward O-P Serv. - Dr. Bay

Date August 21, 1935

X-ray or fluoroscopic findings: McINTIRE, Clide C. - 57

34218

HEART: Teleroentgenogram discloses the following cardiac measurements:

Diameter of the vessels - 8.1 cm.

Diameter of the base - 10.5 cm.

Total length of the heart - 17 cm.

Greatest transverse diameter - 17.5 cm.

to the left - 13.1 cm.

to the right - 4.4 cm.

Internal thoracic diameter - 32.5 cm.

Cardio-thoracic ratio - 53.8

X-RAY IMPRESSION: Marked increase in the size of the cardiac silhouette  
Aortitis.

LUMBAR SPINE: Radiographs of the lumbar spine disclose no Roentgen evidence of pathology.

PELVIS: Radiograph of the pelvis discloses some obliteration of both sacro-iliac lines.

X-RAY IMPRESSION: Chronic arthritis.

RIGHT KNEE: Radiographs of the right knee <sup>PLATE-FILM</sup> disclose no Roentgen evidence of pathology.

Number	Size	Part X-rayed	Disposition
LEFT KNEE:		Radiographs of the left knee disclose some interarticular irregularity with cartilage erosion in the knee joint.	EFD

M. McIntire Clide C. 57-6-200  
(Surname) (Given name) (Class of beneficiary)  
Assistant Roentgenologist  
(b)(6)  
(Register No.)

ROENTGENOLOGICAL REPORT



# CLINICAL RECORD

## OBJECTIVE SYMPTOMS

PHYSICAL EXAMINATION.—General appearance, weight (normal and present), eyes, ears, nose, tongue, teeth, throat, lungs heart, arteries, pulse, blood pressure, abdomen, intestines, liver, spleen, kidneys, skin, mucous membranes, bones, joints, muscles. glandular system, nervous system, genito-urinary system. Special sheets will be used for neuropsychiatric patients, and for patients in whom the principal disability is disease of the lungs or teeth. Record a brief summary of findings leading to diagnosis. Diagnosis by name and number will be recorded on this sheet.

Date 8-27-35 Hour \_\_\_\_\_

To \_\_\_\_\_  
Department Cardiology

Consultation requested with Dr. Baker

Diagnosis and Remarks Chr. myocarditis

M. D.

S. G. BAY

Approved \_\_\_\_\_  
Clinical Director, Chief, Out-Patient Service.

8-27-35 Date

Rate: 110

Age: 57

P-waves are upright in all leads. PR is 0.17 sec.

QRS is under 0.1 sec. Greatest deflection is upward in all leads.

T-waves are upright and normal.

IMPRESSION: Sinus tachycardia.

LYLE A. BAKER, M.D.

Ward Surgeon.

McINTIRE, Clide C.

OPS - Pension

(Surname) (Given name)  
OBJECTIVE SYMPTOMS

(Class of beneficiary)

(C-No.)

(Register No.)

Santa Monica, Calif.—5-31-35—1000





ADMINISTRATIVE  
VETERINARY Form 2545  
Rev. June, 1932

No. ....

(b)(6)

S. O. ....

S. C. ....

## 30. Additional:

(This space to be used for further details of medical or industrial history or additional description of disabilities if the space in the foregoing pages was not sufficient.)

31. Diagnoses:
1. Generalized arterio sclerosis.
  2. Chronic myocarditis, moderate.
  3. Chronic aortitis.
  4. Hypertension.
  5. Sacro iliac arthritis, mild.
  6. Chronic arthritis of left knee.
  7. Sciatic neuralgia, right, mild.
  8. Enlarged liver, moderate.
  9. Defective hearing, bilateral.
  10. Chronic infected tonsils.
  11. Pterygium, O.U.
  12. Chronic conjunctivitis, O.U., mild.

32. Is the claimant bedridden? No Is he able to travel? Yes Does he need hospitaliza-  
tion? No Will he accept it? - Is an attendant necessary for travel? No

Is the claimant mentally competent or incompetent? Competent Do you consider a guardian  
necessary? No Did you examine him yourself? Yes Date 8-21-35

Name of examiner .....

Title .....

(See instructions as to signatures in composite reports)

S. G. Bay, M. D.,  
Medical Examiner.

33. STATEMENT BY CLAIMANT. My answers to Question 9 have been read to me, and I hereby certify that the complaints recorded are all that I am suffering from, to the best of my knowledge and belief.

Signature of claimant (or his mark) .....

Colide G. McIntire



## INSTRUCTIONS

1. This form, of eight pages, is in four sheets which may be separated by removing the one-stitch fastening. This arrangement is to facilitate the execution of the composite report, the typing of the necessary copies, and the filing of the form when completed. Medical examiners will be sure that the total of eight pages are carefully executed and reassembled before forwarding to the regional office; and upon receipt of these sheets in field offices or in Central Office, care will be taken to assure their completeness and that they are correctly reassembled and bradded or pinned securely in the upper left corner before they are filed in the claimant's folder.

2. The entire form will be executed by pension examiners, since the act of March 4, 1929, authorizes examination of applicants for pensions or increases of pensions by one physician only.

3. Designated examiners making examinations for purposes of Government insurance, disability compensation, or disability allowance, will complete such parts of the form as accord with instructions, from regional offices, given on Form 2507 or on fee-basis Form 2639. Specialists in field stations, or designated examiners who are requested to make special examinations, will concern themselves with the pertinent questions in Form 2545. When a composite report of examination is made, each examiner will sign his name and date of his examination immediately below his findings. Examinations to determine the need for hospitalization of an applicant under Section 202 (10), World War Veteran's Act, as amended, will be reported on Form 2676.

4. A urine analysis will be reported in every case by pension examiners, but no other laboratory tests will be made by them, unless specifically authorized.

5. It is preferred that replies in this form be typewritten but, if this is not possible, handwritten reports, in ink, will suffice, *provided the handwriting be made legible.*

6. All medical examiners will use the Nomenclature of Diseases and Conditions, Veterans Administration, copies of which will be supplied to pension examiners upon application to the Director of Pensions, Veterans Administration, Washington, D. C.; and to designated examiners making examinations for disability compensation or disability allowance, through the regional offices of the area in which they reside. Heads of field stations will be furnished sufficient copies of the publication to supply their personnel, upon requisitions to Central Office. Copies of The Manual for Medical Examiners will be similarly supplied all medical examiners. Its instructions must be studied and observed.

7. A clear, sufficiently full record of the symptoms and physical findings is essential to permit of visualization of the relative functional loss resulting from the disease or injury, and the evaluation of the disability in percentage terms. No fee will be paid until a complete report has been submitted by a pension examiner, or a satisfactory report made by a designated examiner upon the type of examination requested of him.

8. Physicians making examinations for Government insurance, disability compensation and disability allowance may record opinion as to permanency in disability allowance examinations, and may state that the clinical expression of a disease or injury in an individual claimant is "mild," "moderate," "moderately severe," or "severe"; but they will refrain from recording or communicating to the claimant any percentage estimate of actual disability. But pension examiners will give estimates of the degree of inability to earn a support by manual labor, expressed as  $\frac{1}{10}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total; except that in general law claims the rating will be in dollars instead of fractions. Manual labor means work of a useful character, performed with bodily exertion or muscular effort. It does not necessarily mean hard work, as with pick or shovel.

9. C-No., at right of top of page 1, refers to a claim for disability compensation or disability allowance. S. O. and S. C. identify, respectively, original claim for pension and claim for increase of pension.

10. Use space 30, "Additional," page 7, for any data which can not be fitted in the space provided under other captions.

11. Hospitals, in rendering physical examination reports, will type in the left-hand corner, first page, the dates of admission and of discharge of patients.



August 19, 1935

MCC-Be

McINTIRE, Glide C.

Mrs. Bessie McIntire,  
Oakland, California.

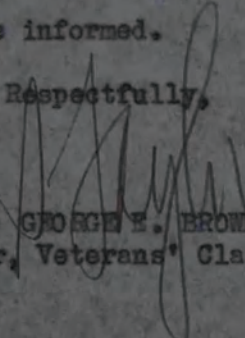
(b)(6)

Dear Madam:

This is in reply to your letter of August 8, 1935.

Further adjustment of this veteran's claim is awaiting evidence of the dissolution of his first marriage to Miss Vivien Rounds. As soon as this evidence is received and action is taken, you will be informed.

Respectfully,

  
GEORGE E. BROWN,  
Director, Veterans' Claims Service

SHT:ga



VETERANS ADMINISTRATION

WASHINGTON

August 19, 1935

YOUR FILE REFERENCE:

IN REPLY REFER TO: MCC-Be

McINTIRE, Clide C.

(b)(6)

Mrs. Bessie McIntire,  
Oakland, California.

Dear Madam:

This is in reply to your letter of August 8, 1935.

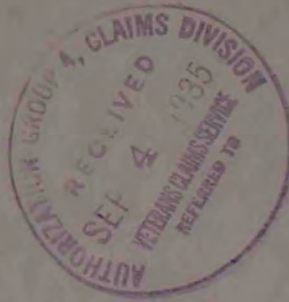
Further adjustment of this veteran's claim is awaiting evidence of the dissolution of his first marriage to Miss Vivian Rounds. As soon as this evidence is received and action is taken, you will be informed.

Respectfully,

*George E. Brown*  
GEORGE E. BROWN,  
Director, Veterans' Claims Service







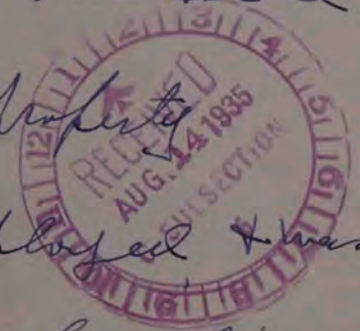
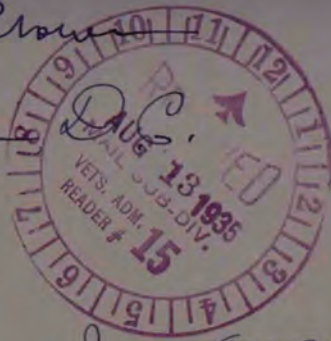
Oakland, California

August 8 - 1935

Mr. George E. Brown  
Washington

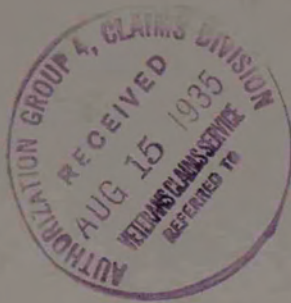
MCC: B.C.

(b)(6)



Dear Sir - I answered your letter  
of June 3<sup>rd</sup> and did not receive a  
reply, I told you of the property  
being sold where I was employed & was  
let out of work and as yet haven't found  
employment, I did not have an address  
other than 'General Del' - West L.A.  
I had to come to Oakland as I could  
be with my sister until I find work  
but as she is not permanently employed  
I hoped you could do something  
about this for me, and could you please let  
me hear from you at your earliest convenience.  
I thank you & remain Resp. Jessie McIntire.





August 8, 1935

MCC-Be

Mr. Clide C. McIntire,  
c/o W. E. Dillon,  
1641 Sawtelle Boulevard,  
West Los Angeles, California.

(b)(6)

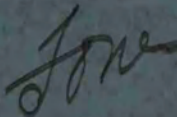
Dear Sir:

This is in reply to your letter of August 1, 1935.

Complete adjustment of your claim is withheld pending the receipt of evidence of the dissolution of your marriage to Vivian Rounds during 1913. A letter to you on January 14, 1935, and again on May 20, 1935, brought this matter to your attention. If your marriage to Vivian Rounds was terminated by divorce, a certified copy of the court decree of divorce should be furnished this Administration. If this marriage was terminated by death, a certified copy of the public record of her death should be submitted. If your marriage to Vivian Rounds was not actually terminated by divorce or death, you should furnish this Office a certified copy of the public record of your marriage to her.

Your claim for an increase in your pension will be considered as soon as a report of your examination requested on July 18, 1935, has been received.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.

HHF/lmp



W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

August 1, 1935.



MCC-Be

(b)(6)

Clide C. McIntire.

Veterans Administration,  
Washington, D. C.

Gentlemen:

In reference to my pension I wish to state that on May 16, 1935, you received a registered letter from me to which I have had no reply as yet. And further I am entitled to the full amount of my pension from the 13th day of May, 1935.

Will greatly appreciate your kindness if you will give this your earliest attention as financial difficulties that I have incurred thru the action of my wife have put me in a very bad financial condition. As you know I am entitled to the full amount of the pension and such a long period of time has elapsed I feel that this should be given your earliest attention.

Greatly appreciating an early reply, I beg to remain,

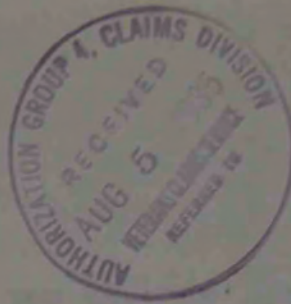
Respectfully yours,

*Clide C. McIntire*

Clide C. McIntire,  
c/o W. E. Dillon,  
1641 Sawtelle Blvd.,  
West Los Angeles, Calif.

WED:o.





TO THE DIRECTOR, VA  
FROM THE CHIEF, GROUP 4  
SUBJECT: [Illegible]  
[Illegible text block containing several lines of typed text, mostly mirrored and difficult to decipher.]

RECEIVED  
AUG 5 1950  
[Illegible text]





VETERANS ADMINISTRATION

WASHINGTON

July 31, 1935.

YOUR FILE REFERENCE:

IN REPLY REFER TO:

CLIDE C MC INTIRE

WEST LOS ANGELES

BX 143

CALIF

Dear Sir:

In order that there may be shown the greatest amount of benefits to which you are entitled under the various applicable laws, it is necessary that you answer the questions on the reverse side hereof fully, and return this form to this Administration at your very earliest opportunity.

The law provides as follows: "That whoever in any claim for benefits under this title or by regulations issued pursuant to this title, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000 or by imprisonment for not more than two years, or both;" and "That if any person entitled to payment of pension under this title, whose right to such payment under this title or under any regulation issued under this title, ceases upon the happening of any contingency, thereafter fraudulently accepts any such payment, he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both;" and "That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both."

It is important that these questions be answered by you and returned to this office within sixty days as future payments of pension may not otherwise be made to you.

AUG 12 1935

Section A - Unit #2

Adjudication Form 688

Respectfully,

*George E. Brown*  
GEORGE E. BROWN,  
Director, Veterans' Claims Service.



1. a. Were you employed during the year 1934? Yes, 3 months  
b. If so, give name and address of your employer Government Hospital, National Military Home, Calif.
2. Are you entitled to exemption from the payment of a Federal Income Tax for the year 1934? Yes
3. a. Are you employed by the U. S. Federal Government? No  
b. If so, give name and address of your employer --
- c. State the amount of the annual salary paid to you by the U. S. Federal Government Jan.Feb. & Mar.1934-114.75
- d. Are you married? No. Final Decree of Divorce granted May 13, 1935.

*OK 7/14/35  
8-19-11*

*Edw. C. McIntire*  
(Full Name Signature of Pensioner)

**(b)(6)**

(Present Address of Pensioner)

Corp. Co. "A" 44th U. S. Vol. Inf.  
(Rank & Organization of Veteran  
at Discharge)

Subscribed and sworn to, before me, this 5th day of August 1935.

*OK 8/13/35*  
My Commission Expires March 31, 1937.

*[Signature]*  
(Notary Public)





VETERANS ADMINISTRATION

WASHINGTON

July 31, 1935.

YOUR FILE REFERENCE:

IN REPLY REFER TO:

CLIDE C MC INTIRE

(b)(6)

WEST LOS ANGELES

BX 143

CALIF

Dear Sir:

In order that there may be shown the greatest amount of benefits to which you are entitled under the various applicable laws, it is necessary that you answer the questions on the reverse side hereof fully, and return this form to this Administration at your very earliest opportunity.

The law provides as follows: "That whoever in any claim for benefits under this title or by regulations issued pursuant to this title, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000 or by imprisonment for not more than two years, or both;" and "That if any person entitled to payment of pension under this title, whose right to such payment under this title or under any regulation issued under this title, ceases upon the happening of any contingency, thereafter fraudulently accepts any such payment, he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both;" and "That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both."

It is important that these questions be answered by you and returned to this office within sixty days as future payments of pension may not otherwise be made to you.

Respectfully,

*George E. Brown*

GEORGE E. BROWN,

Director, Veterans' Claims Service.

Adjudication Form 688

1. a. Were you employed during the year 1934? \_\_\_\_\_  
b. If so, give name and address of your employer \_\_\_\_\_  
\_\_\_\_\_
2. Are you entitled to exemption from the payment of a Federal Income Tax for the year 1934? \_\_\_\_\_
3. a. Are you employed by the U. S. Federal Government? \_\_\_\_\_  
b. If so, give name and address of your employer \_\_\_\_\_  
\_\_\_\_\_  
c. State the amount of the annual salary paid to you by the U. S. Federal Government \_\_\_\_\_  
d. Are you married? \_\_\_\_\_



\_\_\_\_\_  
(Full Name Signature of Pensioner)

\_\_\_\_\_  
(Present Address of Pensioner)

\_\_\_\_\_  
(Rank & Organization of Veteran  
at Discharge)

Subscribed and sworn to, before me, this \_\_\_\_\_ day of \_\_\_\_\_ 1935.

\_\_\_\_\_  
(Notary Public)



FROM: Chairman, Central Rating Board.

DATE JUL 18 1935

TO: Authorization Section.

SUBJECT: No. (b)(6)

Action by Rating Board deferred pending *Examination and*  
*a.g.o. records.*

request this date.

*Y.E.H.*

*J. D. Hayes*  
J. D. HAYES

FILED  
7-22'35 GWJ

*[Signature]*

VETERANS ADMINISTRATION  
Form 2507  
Revised Feb. 1935

## REQUEST FOR PHYSICAL EXAMINATION

Date JUL 18 1935, 193

To: **Manager,**  
**Veterans Administration Facility,**  
**Los Angeles, Calif.**

In reply refer to: **MCC-A**  
Claim No. **(b)(6)** (WHITE)  
Name of Claimant: **MCINTIRE, Clide C.**

It is preferable that veteran be examined  
at a V.A. Facility or Regional Office.

Address: **P.O. Box 143, West Los Angeles,**  
**Calif.**

**Enl. 9/6/99. Dis. 6/30/01 M.O. Hon. Pvt & Corp. Co. A. 44th. Regt. US Vol. Inf.**

1. It is requested that you arrange for a physical examination of the above-

named claimant on at once \* for Pension  
(Date) (Specify Pension, Compensation, or Insurance)

2. Type of examination desired: **Complete General Medical.**

3. Date of filing claim.....Date of most recent examination...**2/17/31**.....

4. Nature of disease or injury: **Chr. tonsillitis. Chr. myocarditis, with coronary  
sclerosis and tachycardia, Hypertension. Passive  
congestion of liver and Arthritis. Cholecystitis. Bronchitis. Enlarged Prostate. Flat Feet.  
Otitis Media, catarrhal. Neurasthenia.**

Please also see other *FER JMB*.....**GEORGE E. BROWN,**  
side of this form. **43/ae**.....**Director, Veterans Claims Service.**  
(Official title)

\*Date to be filled in by chief medical officer or his designate.



This veteran should not be examined by Dr. Leonard E. Croft, 185 Pier Ave., Ocean Park, Calif., who has made a statement in connection with the claim.

Veteran is a claimant for service pension, examination should, therefore, cover all existing disabilities now present. Disabilities previously diagnosed were, Myocarditis. Arthritis. Cholecystitis. Bronchitis. Enlarged prostate. Flat Feet. Otitis Media, catarrhal. Neurasthenia.

Veteran is receiving pension.



# REQUEST FOR ARMY INFORMATION

SUPPLEMENTAL

FOR USE OF—

Veterans Claims Service.

JUL 18 1933

, 19

DIVISION Claims ~~ADJUTANT GENERAL~~ Central Rating Bd. ~~SECTION~~ MCC-A ~~XXXXX~~ Rm. 920

It is requested that information be given on the subject checked and this sheet returned to the Veterans Administration.

Name McINTIRE, Clide C.  
(Last.) (First.) (Middle.)

Rank and organization Pvt. & Corp. Co. A. 44th. Regt. US V. Inf.

Date 9/6/99 Camp

Date of enlistment 9/6/99

Date of discharge ~~or death~~ 6/30/01

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Alleged disability

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Army Serial No.: S. Born - 8/21/78

Allotment No.: A.

Compensation Claim No.: C. (b)(6)

Converted Insurance No.: K.

Term Insurance No.: T.

Allotment deductions, Class A Class B

From 19 to 19

Made subsequent to 19

Premium deductions:  
From 19 to 19

Additional information Photostats of exam. at enlistment - photostat of complete medical record - places of duty and furlough status.

Incurred at

George E. Brown  
GEORGE E. BROWN,

By Director, Veterans Claims Service.

43/ae JMB

1. Name McIntire, Clyde C.  
(Last.) (First.) (Middle.)

2. Army Serial No.

3. Rank and organization at discharge Pvt. and Cpl. Co. A 44th U.S. Vol. Inf. War with Spain.

4. Date of enlistment

5. Physical defects at enlistment

6. Was he medically examined and accepted at camp?

7. Date and hour of induction by draft board

8. Defects noted by draft board

9. General or limited service

10. Date of discharge

11. Character of discharge

12. Date of indefinite furlough

13. Physical defects at discharge

14. Complete medical history

15. Future address

16. Dates of prior service and dates of reenlistments

17. Present rank, organization, and location

18. Date and cause of death

19. Death in line of duty? Death due to own misconduct?

20. Emergency address

21. Date of birth

22. Date and rank of retirement

23. Dates and history of desertion or absences with court-martial findings

## Report below on National Guardsmen only.

24. Date of President's call (World War)

25. Date answered President's call

26. Date mustered into Federal Service

27. Wars, occupation, expedition, etc.

28. Date of physical examination for Federal Service (World War)



29. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

30. Effective date, amount of insurance and premiums .....

34. Occupation at time of enlistment .....

35. .... Statement of service from ....., 19....., to ....., 19.....

31. Insurance increased to \$..... on .....  
19....., from \$.....

32. Insurance canceled .....  
Reinstated.....

33. Insurance reduced to \$..... on .....  
19....., from \$.....

Camp or station

Organization

Period served in particular organization

..... From ....., 19....., to ....., 19.....

36. Complete dental chart.

2-9732

Photostat copy of physical examination at enlistment attached hereto.

Soldier left U.S. Nov. 20, and arrived in Philippine Islands December 19, 1899. Left P.I. May 31, and arrived June 25, 1901.

No furlough ~~of~~ ~~of~~ ~~of~~ found.

Medical treatment as follows:

Treated from Oct. 20, to Oct. 21, 1899 for acute diarrhoea. In line of duty.

Treated from Jan. 1, to Jan. 6, 1900 for Vaccina. In line of duty.

Treated from June 13, to June 16, 1900 for furuncle, right axilla, cause unknown. In line of duty.

Treated from July 8 to July 26, 1900 for acute pemphigus, outer surface both ankles. In line of duty.

Treated from Dec. 9, to Dec. 14, 1900 for lumbago, acute. In line of duty.

Treated from Feb. 16, to Feb. 18, 1901 for acute diarrhoea. In line of duty.

No additional medical treatment found.

No record of any other enlistment found in Old Records Division.

E.T. Conley,  
Brigadier General,  
Acting The Adjutant General.

By: *cm*

War Department, A.G.O., O.R.D., October 3, 1935

RECEIVED

Veterans' Claims Service  
CLAIMS DIVISION

OCT 10 1935

CENTRAL RATING BOARD

Referred to

*exp 10/24/35*



REQUEST FOR ARMY INFORMATION

FOR USE OF—

Veterans Claims Service.

JUL 18 1935

DIVISION Claims SUBDIVISION Central Rating Bd. SECTION MCC-A ROOM Rm. 920

It is requested that information be given on the subject checked and this sheet returned to the Veterans Administration.

Name McINTIRE, Clyde C.  
(Last.) (First.) (Middle.)

Rank and organization Pvt. & Corp. Co. A. 44th. Regt. US V. Inf.

Date \_\_\_\_\_ Camp \_\_\_\_\_

Date of enlistment 9/6/99

Date of discharge or death 6/30/01

Home address \_\_\_\_\_

Status of allotment through Z. F. O. \_\_\_\_\_

Has final settlement been made? \_\_\_\_\_

Certified copies of Forms 1-B \_\_\_\_\_

Alleged disability \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_

Treated at \_\_\_\_\_ Hospital No. \_\_\_\_\_ at \_\_\_\_\_

Army Serial No.: S. Born - 8/21/78

Allotment No.: A \_\_\_\_\_

Compensation Claim No.: C \_\_\_\_\_

Converted Insurance No.: K \_\_\_\_\_

Term Insurance No.: T \_\_\_\_\_

Allotment deductions, Class A \_\_\_\_\_ Class B \_\_\_\_\_

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Made subsequent to \_\_\_\_\_, 19\_\_\_\_

Premium deductions:

From \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

Additional information Photostats of exam. at enlistment - photostat of complete medical record - places of duty and furlough status.

Incurred at \_\_\_\_\_

from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_

GEORGE E. BROWN,

By Director, Veterans Claims Service.

1. Name McIntire, Clyde C.  
(Last.) (First.) (Middle.)

2. Army Serial No. \_\_\_\_\_

3. Rank and organization at discharge Pvt. and Cpl. Co. A 44th U.S. Vol. Inf. War with Spain.

4. Date of enlistment \_\_\_\_\_

5. Physical defects at enlistment \_\_\_\_\_

6. Was he medically examined and accepted at camp? \_\_\_\_\_

7. Date and hour of induction by draft board \_\_\_\_\_

8. Defects noted by draft board \_\_\_\_\_

9. General or limited service \_\_\_\_\_

10. Date of discharge \_\_\_\_\_

11. Character of discharge \_\_\_\_\_

12. Date of indefinite furlough \_\_\_\_\_

13. Physical defects at discharge \_\_\_\_\_

14. Complete medical history \_\_\_\_\_

15. Future address \_\_\_\_\_

16. Dates of prior service and dates of reenlistments \_\_\_\_\_

17. Present rank, organization, and location \_\_\_\_\_

18. Date and cause of death \_\_\_\_\_

19. Death in line of duty? \_\_\_\_\_ Death due to own misconduct? \_\_\_\_\_

20. Emergency address \_\_\_\_\_

21. Date of birth \_\_\_\_\_

22. Date and rank of retirement \_\_\_\_\_

23. Dates and history of desertion or absences with court-martial findings \_\_\_\_\_

Report below on National Guardsmen only.

24. Date of President's call (World War) \_\_\_\_\_

25. Date answered President's call \_\_\_\_\_

26. Date mustered into Federal Service \_\_\_\_\_

27. Wars, occupation, expedition, etc \_\_\_\_\_

28. Date of physical examination for Federal Service (World War) \_\_\_\_\_



29. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....
30. Effective date, amount of insurance and premiums .....
31. Insurance increased to \$..... on .....  
19....., from \$.....
32. Insurance canceled .....  
Reinstated .....
33. Insurance reduced to \$..... on .....  
19....., from \$.....
34. Occupation at time of enlistment .....
35. .... Statement of service from ....., 19....., to ....., 19.....

*Camp or station*

*Organization*

*Period served in particular organization*

36. Complete dental chart. From ....., 19....., to ....., 19.....

2-0732

Photostat copy of physical examination at enlistment attached hereto.

Soldier left U.S. Nov. 20, and arrived in Philippine Islands December 19, 1899. Left P.I. May 31, and arrived June 25, 1901.

No furlough ~~or leave of duty~~ found.

Medical treatment as follows:

Treated from Oct. 20, to Oct. 21, 1899 for acute diarrhoea. In line of duty.

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Treated from Feb. 16, to Feb. 18, 1901 for acute diarrhoea. In line of duty.

No additional medical treatment found.

No record of any other enlistment found in Old Records Division.

E.T. Conley,  
Brigadier General,  
Acting The Adjutant General.  
By: *cmv*

War Department, A.G.O., O.R.D., October 3, 1935.



**REQUEST FOR ARMY INFORMATION**  
**FOR USE OF—**  
**Veterans Claims Service.**

**SUPPLEMENTAL**

JUL 18 1935

, 19

DIVISION Claims SUBDIVISION Central Rating Bd. SECTION MCC-A ROOM Rm. 920

It is requested that information be given on the subject checked and this sheet returned to the Veterans Administration.

Name McINTIRE, Clyde C.  
(Last.) (First.) (Middle.)

Rank and organization Pvt. & Corp. Co. A. 44th. Regt. US V. Inf.

Date 9/6/99 Camp

Date of enlistment 9/6/99

Date of discharge or death 6/30/01

Home address

Status of allotment through Z. F. O.

Has final settlement been made?

Certified copies of Forms 1-B

Alleged disability

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Treated at Hospital No. at from 19 to 19

Army Serial No.: S. Born - 8/21/78

Allotment No.: A. (b)(6)

Compensation Claim No.: C.

Converted Insurance No.: K.

Term Insurance No.: T.

Allotment deductions, Class A Class B

From 19 to 19

Made subsequent to 19

Premium deductions:

From 19 to 19

Additional information Photostats of exam. at enlistment - photostat of complete medical record - places of duty and furlough status.

GEORGE E. BROWN,

By Director, Veterans Claims Service.

1. Name (Last.) (First.) (Middle.)

2. Army Serial No.

3. Rank and organization at discharge

4. Date of enlistment

5. Physical defects at enlistment

6. Was he medically examined and accepted at camp?

7. Date and hour of induction by draft board

8. Defects noted by draft board

9. General or limited service

10. Date of discharge

11. Character of discharge

12. Date of indefinite furlough

13. Physical defects at discharge

14. Complete medical history

15. Future address

16. Dates of prior service and dates of reenlistments

17. Present rank, organization, and location

18. Date and cause of death

19. Death in line of duty? Death due to own misconduct?

20. Emergency address

21. Date of birth

22. Date and rank of retirement

23. Dates and history of desertion or absences with court-martial findings

**Report below on National Guardsmen only.**

24. Date of President's call (World War)

25. Date answered President's call

26. Date mustered into Federal Service

27. Wars, occupation, expedition, etc.

28. Date of physical examination for Federal Service (World War)



29. Was guardsman accepted on physical examination for Federal Service? If so, what defects were noted? .....

30. Effective date, amount of insurance and premiums .....

34. Occupation at time of enlistment .....

35. .... Statement of service from .....

31. Insurance increased to \$..... on .....  
19....., from \$.....

32. Insurance canceled .....  
Reinstated .....

33. Insurance reduced to \$..... on .....  
19....., from \$.....

....., 19....., to ....., 19.....

*Camp or station*

*Organization*

*Period served in particular organization*

..... From ....., 19....., to ....., 19.....

36. Complete dental chart.

2-9752

Veterans Administration  
Adjudication Form 638  
Rev. Jan. 1935

Date 7-11-35

FROM: Chief, Authorization Subdivision

TO: Chairman, Central Rating Board

SUBJECT: (b)(6) Clide C. Mc Intyre  
(Veteran's Name)

The attached file is submitted for rating on account of, (state below the specific purpose for which rating is necessary)

*Claim for increase + request  
for exam received 7-8-35;  
also medical evidence.  
Rate under Reg 1a, Parts I + III*

The evidence of record has been reviewed in the light of the provisions of Paragraphs 3 and 5, Instruction No. 2, Regulation No. 1-A, and other instructions, and no legal bar to entitlement by reason of misconduct (other than the specific diseases and their sequellae), line of duty or type of discharge, is shown by the record, except for the enlistments beginning None and ending None

and except as to None, incurred on None

RECEIVED  
Veterans Claims Service  
CLAIMS DIVISION

JUL 12 1935

73  
CENTRAL RATING BOARD  
Referred to

Schlaudecker Group # 4  
for H. J. COOPER





VETERANS ADMINISTRATION

WASHINGTON

July 11, 1935

YOUR FILE REFERENCE: C-

IN REPLY REFER TO: MCC-557

Mr. Clide C. McIntire,  
P. O. Box 143,  
West Los Angeles, California.

(b)(6)

Dear Sir:

This is in reply to your letter dated July 5,  
1935.

It is desired to assure you that your letter  
is receiving careful attention and that you will be further  
advised at the earliest opportunity.

Very truly yours,

*George E. Brown*

GEORGE E. BROWN,  
~~XXXXXXXXXXXXXXXXXXXXXXXXXXXX~~  
Director, Veterans' Claims Service.

*AS*

AS/mfc

July 8 1935

C -

(b)(6)

Be

McIntire, Chief C.

Veterans Administration

(b)(6)

Mr. George E. Brown

Director, Veterans' Claims Service

Dear Sir, I rec. your

letter of June 3, 1935. The  
court where I am working as a judge  
has been sold this last  
week to an elderly lady, who  
will take care of it herself & has  
bought as her home & indicated  
& I will be away from here about  
the 15<sup>th</sup> or 18<sup>th</sup> of July about  
ten days or less, & as I do not  
know as yet where I will be, as  
I have not found other work,  
I thought perhaps you could  
let me know in regard to this  
case at an early date, if I can  
get the money, I planned to take the  
state bond for this.

RECEIVED  
Veterans' Claims Service

CLAIMS DIVISION

JUL 12 1935

CENTRAL MAILING DIVISION



Cosmetology here & try & do my own  
work again. I do not have  
California license & I must  
take the examination before a  
license will be issued. I  
worked at the Beauty work for about  
fourteen years & would like  
very much to get back into  
it again, but have not had funds  
for it, I will greatly appreciate it  
if you can let me  
hear from you at your earliest  
convenience. I thank you.

Respectfully  
Dennie McGintie

RECEIVED

Veterans Claims Service

CLAIMS DIVISION

104 13 1935

CENTRAL RATING BOARD

Referred to



(b)(6)

Clide C. McIntire,  
A 14th U.S.V. Inf.

LEONARD E. CROFT, M. D.  
185 PIER AVENUE  
OCEAN PARK, CALIFORNIA

July 2, 1935

This is to certify that Mr. Clide C. McIntire who is a stranger to me came before me on this date for a complete physical examination.

Present Complaint: Pains in heart that radiate into back. Wakens with a start at night. Shortness of breath on slightest exertion. Cannot sleep at night because of pains in joints of lower extremities. Feet swell. Joints of knees and hips get stiff. Very rapid heart beat. Takes digitalis all of time. Has dizzy spells and uses nitroglycerine.

#### PHYSICAL EXAMINATION

##### Appearance

Fairly well nourished man. Gait: walks with decided limp. Station: normal. Age: 56. Weight: 198. Height: 6'

##### Ears

Slight deafness in both ears.

##### Eyes

Pupils are equal and react normally to Light and Accomodation.

##### Nose

Essentially negative.

##### Mouth

A few septic teeth remain.

##### Pharynx

Hyperemic, buried septic tonsils.

##### Neck

Negative.

##### Chest

Moderately well developed. Fair expansion. A few moist coarse rales in right base.

##### Heart

Right border  $2\frac{1}{2}$  cms. to right of right sternal line. Left border at anterior axillary line. Apex at 6th interspace. There is a short systolic murmur at apex transmitted toward axilla. Second pulmonic is accentuated. B.p.: 172/100. Rate: 112.

##### Abdomen

Distended. Liver three fingerbreadths below costal margin, and tender.

##### Extremities

Both hip joints apparently painful with about 35% limitation of motion in all directions. Knee joints are also both painful with considerable limitation of motion. Slight oedema of both ankles. Has external hemorrhoids.

##### Urine

Reaction: ~~acid~~ light cloud. Sugar: negative. Sp. gr.: 1.014. Microscopic: few pus cells, rare granular casts.

##### DIAGNOSIS

Dental Sepsis. Chronic Tonsillitis. Chronic Myocarditis, with coronary sclerosis and tachycardia. Vascular hypertension. Passive congestion of liver. Chronic Multiple Arthritis.

ADOLPH S. SWANSTROM, Notary Public  
in and for Los Angeles County, California.  
My Commission expires Nov 28, 1935.  
Address: National Military Home, California.

(Signed)

Leonard E. Croft  
Leonard E. Croft M.D.







Total permanent as to  
service-connected disabilities  
Medical report enclosed.

(b)(6)

Clide C. McIntyre,  
A 44th U.S.V. Inf.

(b)(6)

July 5, 1935.

Mr. George E. Brown, Director,  
Veterans Claims Service,  
Washington, D.C.

Sir:

I, the undersigned, Clide C. McIntyre, am the veteran  
pensioned as briefed hereon under that service.

Since about July 1st, 1934, I have been totally and  
permanently disabled from the pensioned cause, heart and  
arthritis, with causes and resultant ailments.

Therefore, I request your order for examination at such  
time and place and you may determine, preferably in the  
Natl Military Home, (Vet. Adm. Facility, L.A.) California.

MEDICAL REPORT

on  
on

Corroborative of this my statement of facts, I ENCLOSE  
report of medical examination made 7-2-35 by Dr. L.E. Croft  
a reputable physician of this vicinity.

I certify that this statement is true, and thank you  
for your courtesy.

Yours very truly,

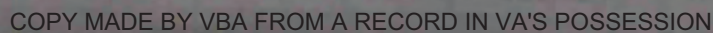
Clide C. McIntyre

Subscribed and sworn to before me this  
5 day of July, 1935

Adolph S. Swanstrom

ADOLPH S. SWANSTROM, Notary Public  
in and for Los Angeles County, California.  
My commission expires Nov. 28, 1935.  
Address: National Military Home, California.









VETERANS ADMINISTRATION

WASHINGTON

June 3, 1935

YOUR FILE REFERENCE: C-

IN REPLY REFER TO: MCC-557  
Be

Mrs. Bessie McIntire,  
1259 Federal Avenue,  
West Los Angeles, California.

McINTIRE, Clide C.

(b)(6)

Dear Madam:

This is in reply to your letter dated May 24,  
1935.

It is desired to assure you that your letter  
is receiving careful attention and that you will be further  
advised at the earliest opportunity.

Very truly yours,

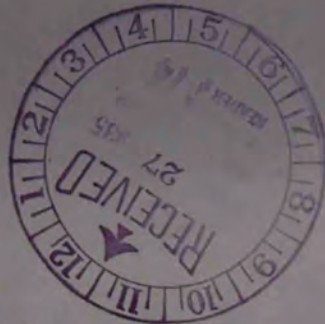
*George E. Brown*

GEORGE E. BROWN,  
XXXXXXXXXXXXXXXXXXXXXXXXXXXXX  
Director of Compensation,  
Director, Veterans' Claims Service.



May 24 - 1935

MCC - DC



McIntire, Clyde C.

(b)(6)

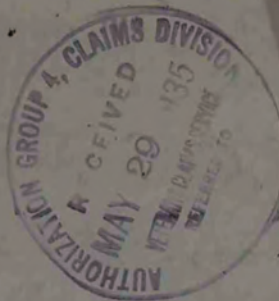
Mr. George E. Brown -

Washington D.C.

Dear Sir - In reply to

Your letter of April 11, I am inclosing a copy of  
divorce of Clyde C. McIntire & Fay Rena McIntire you  
asked for; Mr. Vager of the Veterans Bureau  
had sent to Chickasha Okla, for record it has been  
into file for some time he was all in the  
hospital when I called to see about it  
before & I have only gotten it this morning. I  
hope it can be settled soon. I also wrote the  
Court Clerk when I heard from you but I did not  
know the date so could not get it. Thank You.  
Respectfully  
Cecilia McIntire







May 20, 1935.

MCG-Bc

Mr. Clide C. McIntire,  
C/o W. E. Dillon, Attorney at Law,  
1641 Sawtelle Boulevard,  
West Los Angeles, California.

(b)(6)

Dear Sir:

Receipt is acknowledged of the letter dated May 10, 1935, signed by yourself and W. E. Dillon in connection with your pension claim.

The apportioned share of your pension is withheld pending clarification of your marital status.

Please furnish this office evidence of the termination of your marriage to Vivian Rounds in the form of a certified copy of the public record of her death or decree of your divorce from her.

Respectfully,

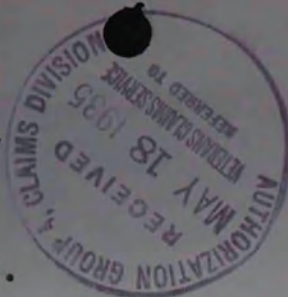
GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JMM:cws



W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

May 13, 1935.



MCC-Bf

(b)(6)

Clide C. McIntire

George E. Brown, Director,  
Veterans' Claims Service,  
Veterans Administration,  
Washington, D. C.

Dear Sir:

Inclosed please find certified copy of Final Judgment of Divorce between Bessie McIntire and Clide C. McIntire. It appears from communications which have come into the office that plaintiff in this action is claiming a part of the pension of the defendant. Would like to learn what further action, if any, has been taken with reference to her claim for one-half of the pension.

Yours very truly,

W. E. Dillon.  
Attorney for Clide C. McIntire.

Approved by Clide C. McIntire

WED  
:  
o  
Inc.

*1 encl  
208*





This Certificate is given free of charge solely upon the condition that the same is to be used for the collection of a claim against the United States or for the obtaining of a pension therefrom.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

BESSIE MC INTIRE,

Plaintiff,

vs.

CLIDE C. MC INTIRE,

Defendant.

No. D. 121 006

FINAL JUDGMENT  
OF DIVORCE

In this cause an interlocutory judgment was entered on the 10th day of May, 1934, adjudging that plaintiff was entitled to a divorce from defendant, and more than one year having elapsed, and no appeal having been taken from said judgment, and no motion for a new trial having been made, and the action not having been dismissed;

Now, upon the Court's own motion, it is adjudged that plaintiff be and is granted a final judgment of divorce from defendant and that the bonds of matrimony between plaintiff and defendant be, and the same are, dissolved.

It is further ordered and decreed that wherein said interlocutory decree makes any provision for alimony or the custody and support of children, said provision be and the same is hereby made binding on the parties affected thereby the same as if herein set forth in full, and that wherein said interlocutory decree relates to the property of the parties hereto, said property be and the same is hereby assigned in accordance with the terms thereof to the parties therein declared to be entitled thereto.

Done in open Court this 13 day of May, 1935.

DUDLEY S. VALENTINE

Residing Judge.

Filed MAY 13 1935

Typed by S G Bell

Entered MAY 13 1935

L. E. LAMPTON, County Clerk,

By I Bottomley Deputy

JUDGMENT BOOK 911 PAGE 145

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL JUDGMENT OF RECORD IN THIS OFFICE.

ATTEST MAY 13, 1935.

L. E. LAMPTON, COUNTY CLERK AND CLERK OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, IN AND FOR THE COUNTY OF LOS ANGELES.

K.M. Worden DEPUTY

THIS DECREE IS NOT EFFECTIVE UNTIL ENTERED IN

JUDGMENT BOOK BY CLERK



IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

BESSIE MC INTIRE,

No. D. 121 006  
(Space below for filing  
stamp only)

Plaintiff,

vs.

FINAL JUDGMENT  
OF DIVORCE

CLIDE C. MC INTIRE,

Defendant.



Filed at request of:

Attorney for: { Plaintiff  
                  { Defendant

(Strike out one and sign in ink.)

W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

May 10th, 1935.



MCC-Bf

(b)(6)

George E. Brown, Director,  
Veterans' Claims Service,  
Veterans Administration,  
Washington, D. C.

Dear Sir:

In the above claim would like to learn the status with respect to the money withheld which is due pensioner, Clide C. McIntire. In view of the fact that Mrs. McIntire, pensioner's wife waived her right to any support and maintenance and Mr. McIntire did not contest the divorce on those grounds thereby foregoing certain rights which he would have and which he could have established in the way of a divorce proceedings, and would no doubt have obtained a divorce, Mr. McIntire feels that he should be given sufficient time before the money is paid to her, if it is, within which to cause a review of his case or take an appeal or such other proceedings as becomes necessary in order to protect his interests.

Yours very truly,

W. E. Dillon.

Approved by

*Clide C. McIntire*

WED

:  
0







April 15 - 1935

(b)(6)

M<sup>rs</sup> Jutice, Child C.

mcc - B.C.

Mr. George E. Brown

Dear Sir - I have just received  
your letter of April 11 - and I have  
written to Chickasha, Okla - for a  
copy of divorce decree of Child C. McJutice  
& Nina or Fay Runkles - I have read the  
original divorce, it was granted  
at that place 1926 - I suppose  
the Court Clerk can send a copy to me.  
if not could I have an affidavit made  
from the papers he has, if I could  
have that done or if he would be  
willing to have it done, I will write to  
have from the Court Clerk -

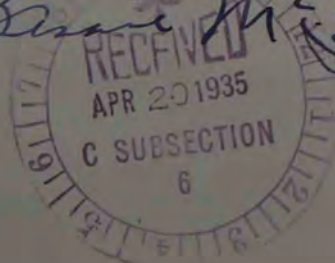
Yours,

Bessie McJutice

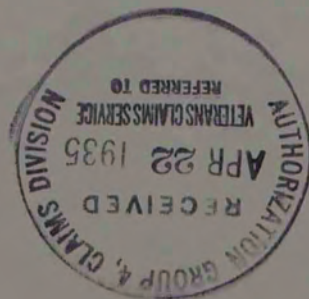
N.A.N.

4-23'35 GWJ

awaiting evidence indicated.







IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

May 29, 1934 Present Hon. Dudley S. Valentine, Judge

<u>BESSIE McINTIRE</u>	
	Plaintiff
vs.	
<u>CLIDE C. McINTIRE</u>	
	Defendant

No. D-121006 Dept. 31

Order to show cause in re contempt comes on for hearing; plaintiff present with her attorney, Lucille Conrey, and defendant also present. Said matter is referred to Commissioner Doyle for findings of facts, and Court finds the defendant in contempt, and defendant is sentenced to 2 days in the County Jail; sentence is suspended on condition defendant complies with the Order of Court.

I certify the foregoing to be a full, true and correct copy of an order entered on the minutes of said Superior Court, Department No. 31, in the above entitled cause.

ATTEST my hand and the seal of the said Superior Court, this 9th day of April, 1935.

L. E. LAMPTON,  
County Clerk and Clerk of the Superior Court of the State of California,  
in and for the County of Los Angeles.

(Seal)

By F. P. Chrisman  
Deputy.



IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

No. D-121006  
(Space below for filing  
stamp only)

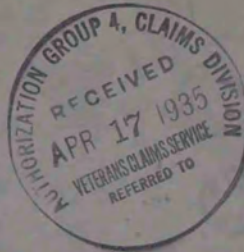
CERTIFIED  
COPY OF  
MINUTE ORDER

vs.

Plaintiff,

Defendant.

Attorney for.....



CONSTITUTION GUARANTEES CERTAIN RIGHTS AND PRIVILEGES OF CITIZENS.  
IT IS ORDERED, TO 5 THAT IN THE COUNTY COURT, SENTENCE IS REVERSED ON  
OF THESE, AND COURT THERE THE INTERESTS IN CONVICTION, AND CERTAINLY  
WARRANT, BUT NOT NEARLY TO WARRANT TO CONVICTION, POLICE FOR 17 MONTHS  
WARRANT WITH THE WARRANT, PROTECT COURT, AND CERTAINLY, ALSO  
ORDER TO SHOW THAT IT IS CONVICTION, COURT ON 101 REVERSING, BUT NOT

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED

RECEIVED



*12/12/34*

This Certificate is given free of charge solely upon the condition that the same is to be used for the collection of a claim against the United States or for the obtaining of a pension therefrom.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA

IN AND FOR THE COUNTY OF LOS ANGELES

CERTIFIED COPY

ISSUED Dec 12 1934

BESSIE McINTIRE

Plaintiff,

vs.

CLIDE C. McINTIRE

Defendant.

No. D-121006

INTERLOCUTORY JUDGMENT  
OF DIVORCE  
(Default)

This cause came on to be heard the 10th day of May, 1934, in Department 2, Lucile Conrey appearing as attorney for plaintiff, and it appearing that defendant was duly served with process and has not appeared or answered the complaint, and that the default of defendant has been entered:

IT IS ADJUDGED that plaintiff is entitled to a divorce from defendant; that when one year shall have expired after the entry of this interlocutory judgment a final judgment dissolving the marriage between plaintiff and defendant be entered, and at that time the Court shall grant such other and further relief as may be necessary to a complete disposition of this action.

That the defendant is hereby restrained from molesting and annoying the plaintiff and from coming upon or near the premises of the apartment court which plaintiff takes care of and in which plaintiff lives and from coming upon the premises of any house in which plaintiff may hereafter live.

Done in open Court this 10th day of May, 1934.

ARTHUR KEETCH

JUDGE

Filed May 10 1934Typed by E E CohnEntered May 10 1934

L. E. LAMPTON, County Clerk,

By F M Ullrich Deputy(JUDGMENT BOOK 857 PAGE 277)

THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL JUDGMENT OF RECORD IN THIS OFFICE

ATTEST April 10 1935

L. E. LAMPTON, COUNTY CLERK AND CLERK OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, IN AND FOR THE COUNTY OF LOS ANGELES.

BY J. P. Chusman DEPUTY

## NOTICE—CAUTION

This is not a judgment of divorce. The parties are still husband and wife, and will be such until a final judgment of divorce is entered after one year from the entry of this interlocutory judgment. The final judgment will not be entered unless requested by one of the parties.



IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

No. D-121006  
(SPACE BELOW FOR FILING  
STAMP ONLY)

INTERLOCUTORY JUDGMENT  
OF DIVORCE  
(Default)

vs.

Plaintiff,

Defendant.

Attorney for Plaintiff.



255 South Hill Street,  
Los Angeles, California,  
April 11, 1935

Veterans Administration,  
Washington, D.C

Your file reference:  
MCC-Bc  
McIntyre, Clide C.

(b)(6)

Dear Sirs:

Mrs. Bessie Mc Intyre has requested me to write you concerning the share of the pension of Clide C. Mc Intyre to which she understands she is entitled. I represented her as her attorney in her divorce action from him some time ago and am acquainted with some of the facts which may be material to your investigation and which I shall be glad to furnish.

I am enclosing a certified copy of the interlocutory decree of divorce and of a contempt order against Mr. Mc Intyre. Mrs. Mc Intyre seemed to think that you wished a certified copy of the complaint but thought that I would ask you before putting the County Clerk to the labor of making one.

I understand that Mr. Mc Intyre was recently arrested on an assault charge and, I believe, found guilty. Would you wish a copy of the statement of the probation officer or of the man assaulted or of the records of the case?

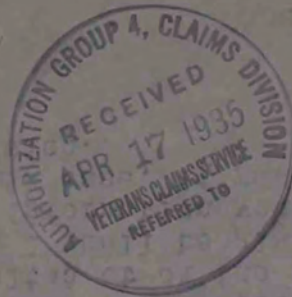
I shall be glad to furnish you with whatever information you need in order to help settle this case, if you will just let me know what you wish.

Yours truly,

LC/YT

*Lucile Conrey*  
LUCILE CONREY  
ATTORNEY AT LAW





AT 2 201  
1944/5 1-  
W 18882

1944/5 1-  
W 18882

THE FOLLOWING IS A SUMMARY OF THE INFORMATION RECEIVED FROM THE VETERAN'S CLAIMS SERVICE ON APRIL 17, 1935, IN RESPONSE TO YOUR REQUEST FOR INFORMATION REGARDING THE STATUS OF THE CLAIM OF THE VETERAN NAMED [REDACTED] WHO WAS BORN [REDACTED] AND DIED [REDACTED].

THE VETERAN'S CLAIMS SERVICE HAS ADVISED THAT THE CLAIM OF THE VETERAN NAMED [REDACTED] WHO WAS BORN [REDACTED] AND DIED [REDACTED] IS CURRENTLY UNDER REVIEW. THE CLAIM IS BEING HANDLED BY THE VETERAN'S CLAIMS SERVICE, AND THE VETERAN IS BEING KEPT ADVISED OF THE STATUS OF THE CLAIM. THE VETERAN'S CLAIMS SERVICE HAS ADVISED THAT THE CLAIM IS BEING HANDLED BY THE VETERAN'S CLAIMS SERVICE, AND THE VETERAN IS BEING KEPT ADVISED OF THE STATUS OF THE CLAIM.

VERY TRULY YOURS,  
[REDACTED]

1944/5 1-  
W 18882

1944/5 1-  
W 18882



April 11, 1935

MCC-Be

Mrs. Bessie McIntire,  
1259 East Federal Avenue,  
West Los Angeles, California.

McINTIRE, Clide C.  
(b)(6)

Dear Madam:

This is in reply to your letter of March 20, 1935.

A portion of the above named veteran's pension has been withheld for your benefit but the amount can not be paid to you until it has been established that you are legally entitled to it as the wife of the veteran. Information has been requested of the veteran regarding his first marriage to Vivian Rounds which appears to have occurred in February, 1913. There is no evidence in the file to prove that this marriage has been legally terminated.

If you can furnish this office with proof of the death of the veteran's first wife or a final decree of divorce your claim will then receive further consideration.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

*Russell*

IDR:af



M<sup>r</sup> Justice, Clide C.

MCC - BC

(b)(6)

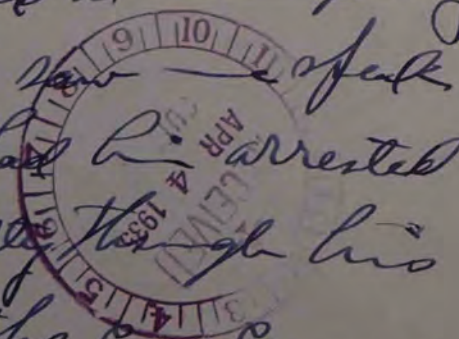
March 30 1935

West L.A. Calif.



Mr. George E. Brown

Washington D.C., Dear Sir. In your letter, the last I heard - January, you say the case ~~has~~ was being interviewed, I did not know if it were necessary for you to have copies of records of the divorce case or of other happenings, I had to get restraining papers against Mr. M<sup>r</sup>. Justice after he left on threatening & molesting me even to break in my apartment & beat me & threaten to kill me many times & others, & last Sat. March 23, he attacked an elderly man & beat him he had to be treated at emergency hospital first because he saw me speak to him on the street, he had him arrested for battery, & he pleaded guilty through his attorney Mr. Dillon, the case comes up Thursday April 4<sup>th</sup>. He made a

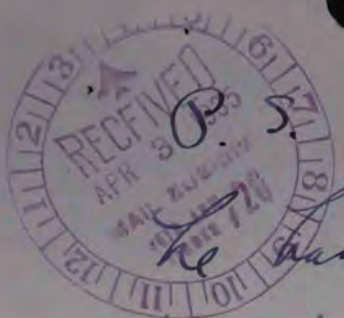




statement at the January hearing.  
That I had been receiving a part of  
his pension for all this time &  
was the reason he was doing  
as & did this thing to the man.  
So I suppose it has been held  
out of his pension & he takes it  
I have been getting it if I am  
intended to a part of it I hope it can be  
settled, I have suffered both mentally  
& physically thru the last two  
years & hope something can be done  
about it. I personally think the man is  
most unimpaired as did the judge who granted  
the interlocking decree for several reasons.  
I did not know if I should take it up with  
the attorney I had for the case & called  
yesterday but she, Miss Lucile Courty  
is ill in bed, so I thought I should  
write you as I had not heard further from  
you. I remain Respectfully, Berrie W. Intire

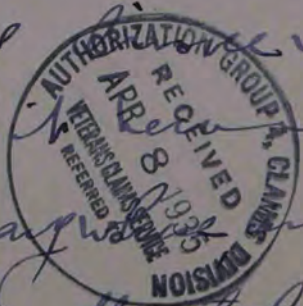
4-11-35  
DR





This is not the first time  
he has been brought in to court  
for breaking the court orders  
against him, he was given a suspended  
jail sentence last summer, & I  
had to go to the probation office in

L. A. Wednesday, this week in regards  
to that, it seems to me something  
could be done about this through the  
Veterans Bureau, He made threats to me  
& others he would kill any man he saw  
talking with me, there was plenty  
of reason I should be afraid from him or  
else the police would not have been  
granted a search final in May. I did  
not go anywhere anything with this  
man he attacked it was too absurd I was  
ill in bed five days last week with the flu, &  
could not even call a Doctor as I could not afford it.



as 1590 Rev, month does not go beyond



January 14, 1935

MCC-Be

Mrs. Bessie McIntire,  
1259 East Federal Avenue,  
West Los Angeles, California.

MC INTIRE, Clide C.

(b)(6)

Dear Madam:

This is in reply to your letter dated December 31, 1934 forwarding a copy of your divorce from Mr. A. J. Clarkson and also a copy of your divorce from Mr. Dean B. Compton.

It was not necessary to forward a copy of your divorce from Mr. Compton as this office only requested a copy of your divorce from your previous husband, A. J. Clarkson there being already in file a copy of your first divorce.

This case is being further reviewed and you will be promptly advised as soon as new facts are available.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

BCA

MMMD



January 14, 1936

MCC-Ba

Mr. Clide C. McIntire,  
Box 143,  
West Los Angeles, California.

(b)(6)

Dear Sir:

This is in reply to your letter dated December 14, 1934 enclosing a copy of your interlocutory decree of divorce from your wife, Bessie McIntire, and a copy of divorce from your wife, Fay Vera McIntire. Evidently, Mrs. Fay Vera McIntire was your second wife and your first wife was Vivian Rounds. The third paragraph of letter dated November 30, 1934 is here again set forth for your convenience:

"To complete the evidence in file will you also please furnish this office with a certified copy of the public record of the death of your first wife. If, however, your first marriage, that is to Vivian Rounds, was terminated by divorce there should in lieu of the death certificate be forwarded a certified copy of such divorce decree over the seal of court. If, however, your marriage to Vivian Rounds was not actually terminated by divorce or death you should furnish this office with a certified copy of the public record of your marriage to her which appears to have been in February, 1913. It is noted that in August, 1928, you executed an affidavit that you believed your wife, Vivian Rounds, was deceased."

The decree of divorce from your wife, Fay Vera McIntire, rendered May 8, 1930, states that such decree is to become final six months thereafter. If a final decree was entered in such matter, a copy of such order of court properly certified must be furnished.

It is noted according to your statement that the settlement between you and your wife, Bessie McIntire, although stipu-



Mr. Clide C. McIntire

January 14, 1935

lated by the attorneys both for her and yourself, was not made a part of the court record. Therefore, you are not contributing to her support by order of court.

However, the question of the validity of your marriage to Bessie McIntire cannot be disposed of until it is shown that you had legal capacity to marry her, that is, that there was a proper termination of your marriage to Vivian Rounds. In the meantime, your running award of \$40.00 per month has been decreased to \$28.00 per month and 30%, \$12.00 per month, is being withheld on account of the claim of Mrs. Bessie McIntire, for apportioned disability pension. If it is shown that you had legal capacity to marry her, that is, that your first marriage was properly terminated, such monies will be awarded to her. If your first marriage was not legally terminated, there can be no apportionment of your pension in regard to her claim.

Further, if a valid marriage is established between you and Bessie McIntire and the interlocutory decree becomes final, you should furnish this office with a certified copy of such decree under seal of court.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

*PCR*  
PCR:MMD



FILE

JAN 4 1935

See File in Indemnity Bond  
Section, Disb. Div., R. 52 January 4, 1935.

DCC-A

(b)(6)

Mr. Clyde C. McIntire,  
1504-Santalla Blvd.,  
West Los Angeles,  
California.

FILED - 70

JAN 16

U. S. C.

Dear Sir:

There is enclosed, properly approved, duplicate  
of check No. 1,860,432, dated August 31, 1934, for \$23.00,  
symbol No. 11561, issued in your favor.

Should the original check ever come into your  
possession, kindly return same to this office at once.

On the records your address appears as Box 143,  
West Los Angeles, California. If any change should be made  
you should advise the Veterans' Administration over your  
personal signature.

Respectfully,

Encl.(1).

C. F. Allen,  
Chief Disbursing Officer.

WFO-fed



FILE

JAN 3 1935

See File in Indemnity Bond  
Section, Disb. Div., R. 527

December 29, 1934.

DGC-A

McINTIRE, Clyde C.

(b)(6)

Chief, Division of Bookkeeping and Warrants,  
Treasury Department,  
Washington, D.C.

Dear Sir:

There is submitted, indemnity bond filed to cover  
loss of check No. 1860482, dated August 31, 1934, for \$28.00,  
symbol No. 11561, issued in favor of Clyde C. McIntire, whose  
address appears on the bond as #1504 Sawdelle Blvd., West Los  
Angeles, California.

When approved please return the enclosed duplicate check  
to this office to be forwarded to payee.

Respectfully,

Encl.(1).

C. F. Allen,  
Chief Disbursing Officer.

70-2nd



Dec. 9/1934

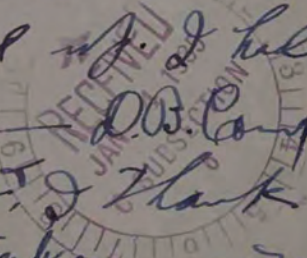
MCC-BF

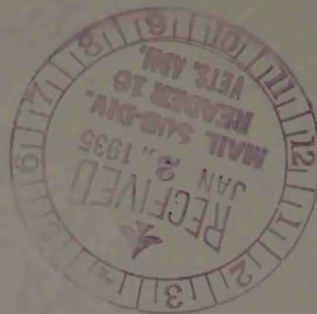
McIntire, Clyde E.

Mr. George E. Brown,  
Washington, DC.

(b)(6)

Dear Sir - I have just  
received the copies this morning, I had  
asked for them quite some time  
ago, but on account of not having  
the dates correct they were not sent &  
I had to have it looked up. I had  
sent in the one from D.B. Connelley  
before as this is all I thank  
you & sorry it has taken so much  
time. Respectfully, Dennis McIntire









\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

IN THE DISTRICT COURT OF SEDGWICK COUNTY, KANSAS.

BESSIE CLARKSON,

PLAINTIFF,

VS. # 51,011.

A. J. CLARKSON,

DEFENDANT.

JOURNAL ENTRY.

NOW on this 17th day of August, 1923, the above cause comes on for trial, plaintiff being present in person and by her attorneys, Foulston, Ebright, Siefkin & Foulston, and the defendant appearing not but wholly making default herein.

Thereupon plaintiff introduces her evidence and rests and the court being advised in the premises finds the issues in favor of the plaintiff and against the defendant.

Thereupon plaintiff presents a stipulation as to property settlement between the parties and asks the Court to approve the same, which property settlement is by the Court approved.

IT IS THEREFORE CONSIDERED, ORDERED, AND ADJUDGED That the plaintiff be granted an absolute decree of divorce of and from the defendant, forever dissolving the bonds of matrimony heretofore existing between the parties, said divorce not to be in full force and effect, however, until





six (6) months from date hereof.

It is further ordered that the plaintiff receive as property settlement, the proceeds of a certain Ford Automobile and one-half of the compensation allotment to be received by the said defendant from the State of Kansas under compensation allotment # 34,690.

It is further ordered that the State Board of Compensation shall mail said allotment check of the defendant, Arthur J. Clarkson, to the Clerk of the District Court of Sedgwick County, Kansas, where said sum shall be entered upon the books of the Clerk of the District Court and divided as herein provided.

It is further ordered that the defendant herein shall pay the costs which are taxed by the Clerk at \$\_\_\_\_\_.

H. W. Hart,

Judge Pro Tem

O. K. - - - Foulston, Ebright, Siefkin & Foulston,

Attorneys for plaintiff.



RECEIVED JAN 4 1935

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## CERTIFICATE OF CLERK

THE STATE OF KANSAS,  
SEDGWICK COUNTY,

SS.

I, A. E. JACQUES, Clerk of the District Court, in and for Sedgwick County, Kansas, being the Eighteenth Judicial District of the State of Kansas, sitting within and for the County aforesaid do hereby certify that I have compared the papers in writing to which this certificate is attached with the original papers in Case No. 51,011 Being:

Bessie Clarkson,

PLAINTIFF,

A. J. Clarkson,

DEFENDANT.

and do hereby certify the same to be a true, full and complete copy of the following papers:

Journal Entry,

as the same appear on file or on file and of record in my said Office at the Court House in said County and that the same ~~xxx~~ <sup>is a</sup> true and correct copy of said original in the therein entitled cause No. 51011 -

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, at Wichita, Sedgwick County, Kansas, this 13 day of December A. D. 1934.

A. E. Jacques,  
Clerk of the District Court

By A. E. Jacques  
Deputy



No. 51,011.

## Certificate of Clerk

Division No. ....

### DISTRICT COURT OF SEDGWICK COUNTY, KANSAS

Bessie Clarkson,

vs.

Plaintiff

A. J. Clarkson,

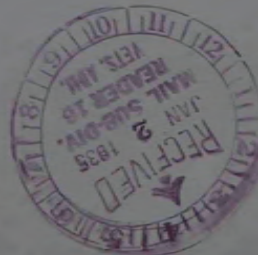
Defendant

Journal Entry

Filed Aug. 22, 1923, ~~1924~~

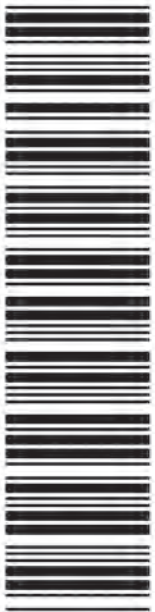
A. E. Jacques,  
Clerk of the District Court.

Per B. H. Deputy





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



IN THE DISTRICT COURT OF SEDGWICK COUNTY, KANSAS.

B. L. COMPTON,

PLAINTIFF,

VS. # 44,461.

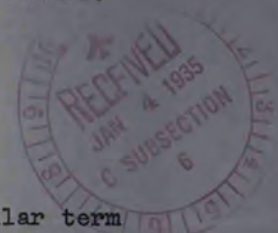
DEAN B. COMPTON,

DEFENDANT.

DE C R E E

NOW on this 18th day of June, 1921, a regular term day of the above entitled court, this cause came on for hearing and trial, before the Honorable Thos. E. Elcock, Judge of Division No. 2, and thereupon placed upon the docket of said Court and the plaintiff appearing in person and by her attorney, Monroe Wright, and the defendant failing to appear in person or by attorney, but making default herein.

THEREFORE THE COURT FINDS: That more than 60 days have expired since, the filing of said petition herein and that due and legal service summons has been made upon the defendant by publication and the mailing of the petition within 3 days to the defendant, at last known address, postage prepaid, and that the said defendant has read the petition herein and that all of papers necessary for the making said service of summons by publication, are now on file in this case and the Court further finds, that the said service by publication has been made in all respects in a due, and legal manner, from an examination of the files hereof and after having been fully advised and inspecting the same, approves, the service of summons by publication herein; and the court further finds,







that said defendant has failed to make his appearance or file any pleading of answer herein, but that the said defendant has made default herein, and therefore, the case is submitted to the court upon the petition and the evidence and on plaintiff announcing herself ready for trial.

THEREFORE THE COURT FINDS: That the plaintiff is now and has been for more than one year immediately proceeding the filing of the petition in this action a bona fide resident, in good faith of Sedgwick County, Kansas, and that the defendant and plaintiff were legally married on the 14th day of June, 1911, at New Kirk, Oklahoma, and that the Court further finds, one child, a son, Dean B. Compton, Jr. who is six (6) years of age now, has been born unto said marriage, and that all of the statements, allegations, in said petition are true, and that said defendant is and has been guilty of gross neglect of duty in that he abandoned plaintiff as charged in said petition, and that plaintiff without fault in the premises and is entitled to decree of divorce as prayed for in her petition by reason of the acts and conducts of the defendant.

IT IS THEREFORE: Ordered, Adjudged, and Decreed, by the Court that the care and custody and Education of Dean B. Compton Jr., the minor child of the defendant and plaintiff, be and is hereby intrusted and committed, exclusively to the plaintiff, and said defendant is hereby enjoined from interfering with or molesting said child and said plaintiff, and it is further ordered and decreed by the Court that the said defendant be required to pay the sum of \$40.00) per month to the plaintiff as alimony herein, for the care and support and maintainance, of said minor child on the first day of each and every month after the





filing of this decree, and in case of 3 days default in said payments, let the order for contempt issue against said defendant.

IT IS FURTHER: Ordered, adjudged and decreed, by the Court that the bonds of matrimony, existing between the plaintiff, B. L. Compton, and the defendant, Dean B. Compton, be and the same are hereby desolved, and that said parties and each of them is, freed and absolutely relieved therefrom; provided, that neither of said parties shall be permitted to marry any other person until the expiration of six months from and after the granting of this decree.

IT IS FURTHER: ORDERED, AND DECREED That the plaintiff hereby shall have judgment for costs of this suit.

Thomas E. Elcock,  
Judge.

O. K. - -- Monroe Wright,  
Attorney for plaintiff.



RECEIVED FOR DEPARTMENT

U.S. DEPARTMENT OF JUSTICE

WASHINGTON

JAN 2 1935

THE UNITED STATES OF AMERICA

DO hereby certify that

the within and foregoing is a true and correct copy

of the original as the same appears in the files of the

Department of Justice, and that the same is

correctly transcribed and indexed in the files of the

Department of Justice, and that the same is

correctly indexed and filed in the files of the

Department of Justice, and that the same is

correctly indexed and filed in the files of the

CONFIDENTIAL BOND

THIS BOND IS NOT VALID UNLESS SIGNED BY THE

ATTEST



## CERTIFICATE OF CLERK

THE STATE OF KANSAS,  
SEDGWICK COUNTY, SS.

I, A. E. JACQUES, Clerk of the District Court, in and for Sedgwick County, Kansas, being the Eighteenth Judicial District of the State of Kansas, sitting within and for the County aforesaid do hereby certify that I have compared the papers in writing to which this certificate is attached with the original papers

in Case No. 44,461 Being:

B. L. Compton,

PLAINTIFF,

Dean B. Compton,

DEFENDANT.

and do hereby certify the same to be a true, full and complete copy of the following papers:

Decree of Divorce.

as the same appear on file or on the records in my said Office at the Court House in said County and  
is a  
that the same are true and correct copy of said originals in the therein entitled cause No. 44,461 -

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed the seal of said Court, at  
Wichita, Sedgwick County, Kansas, this - 13 - day of - - December - - - A. D. 19 34.

A. E. Jacques,

Clerk of the District Court

By

*A. E. Jacques*  
Deputy

No. 44,461

## Certificate of Clerk

Division No.

### DISTRICT COURT

OF SEDGWICK COUNTY, KANSAS

B. L. Compton,

vs. Plaintiff

Dean B. Compton,

Defendant

Decree of Divorce,

Filed June 21, 1921, 192x

A. E. Jacques,  
Clerk of the District Court.

Per E. P. Mc  
Deputy





STANDARD FORM NO. 14a  
APPROVED BY THE PRESIDENT  
MARCH 10, 1926

# TELEGRAM

OFFICIAL BUSINESS—GOVERNMENT RATES

RADIOGRAM RUSH

CLAIMS SERVICE  
VETERANS ADMINISTRATION  
WASHINGTON DC

CLIDE C MCINTYRE TWELVE NINE ONE FIVE FOUR THREE APPLYING TO THIS FACILITY  
FOR OUTPATIENT TREATMENT RADIO COMPLETE PENSION AND FACILITY STATUS AND ANY  
SERVICE CONNECTED DISABILITIES.

HADLEY  
LOS ANGELES

VETERANS ADMINISTRATION

BUREAU C.9 Contact

CHG. APPROPRIATION (b)(6)

LOS ANGELES CALIF DEC 11 1934

16-297

(b)(6)

JAN 2

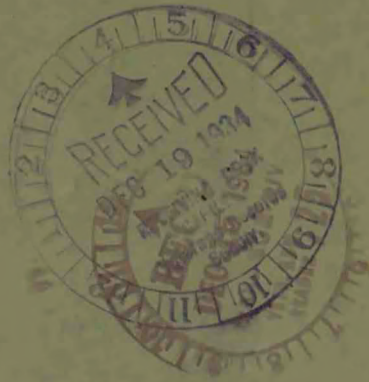
REC. REC.

*Case in  
File*

*12/26/34*

*Judy*

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION



NOTIFICATION OF DEATH

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

PLACE: \_\_\_\_\_

FILED - 39  
DEC 21 1934  
VETERANS

OFFICIAL BUSINESS - GOVERNMENT PROPERTY

MAILED

U.S. DEPARTMENT OF VETERANS AFFAIRS  
WASHINGTON, D.C.



December 24, 1934

BA-E

Mr. Glide C. McIntire,  
Box 143,  
West Los Angeles, Calif.

(b)(6)

Dear Sir:

This is to acknowledge receipt of your communication  
dated December 14, 1934 with enclosures.

The matter is receiving attention and you will  
receive an answer as promptly as possible.

By direction,

W. C. BLACK,  
Chief Clerk.





This Certificate is given of charge solely upon the condition that the same is to be used for the collection of a claim against the United States or for the obtaining of a pension therefrom.

IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

BESSIE MC. INTIRE,

Plaintiff,

vs.

CLIDE C. MC INTIRE,

Defendant.

No. D. 121 006

INTERLOCUTORY JUDGMENT  
OF DIVORCE  
(Default)

This cause came on to be heard the 10th day of May, 1934, in Department 2, Lucile Conrey appearing as attorney for plaintiff, and it appearing that defendant was duly served with process and has not appeared or answered the complaint, and that the default of defendant has been entered:

IT IS ADJUDGED that plaintiff is entitled to a divorce from defendant; that when one year shall have expired after the entry of this interlocutory judgment a final judgment dissolving the marriage between plaintiff and defendant be entered, and at that time the Court shall grant such other and further relief as may be necessary to a complete disposition of this action.

That the defendant is hereby restrained from molesting and annoying the plaintiff and from coming upon or near the premises of the apartment court which plaintiff takes care of and in which plaintiff lives and from coming upon the premises of any house in which plaintiff may hereafter live.

Done in open Court this 10th day of May, 1934.  
(JUDGMENT BOOK 857 PAGE 277)  
THE FOREGOING INSTRUMENT IS A CORRECT COPY OF THE ORIGINAL JUDGMENT OF RECORD IN THIS OFFICE

ATTEST December 12 1934

L. E. LAMPTON, COUNTY CLERK AND CLERK OF THE SUPERIOR COURT OF THE STATE OF CALIFORNIA, IN AND FOR THE COUNTY OF LOS ANGELES.

BY F. P. Chrisman DEPUTY

ARTHUR KEETCH

Judge.

Filed May 10 1934

Typed by E E Cohn

Entered May 10 1934

L. E. LAMPTON, County Clerk,

F. M. Ullrich Deputy

NOTICE—CAUTION  
This is not a judgment of divorce. The parties are still husband and wife, and will be such until a final judgment of divorce is entered after one year from the entry of this interlocutory judgment. The final judgment will not be entered unless requested by one of the parties.





IN THE SUPERIOR COURT OF THE STATE OF CALIFORNIA  
IN AND FOR THE COUNTY OF LOS ANGELES

No. D. 121 006  
(SPACE BELOW FOR FILING  
STAMP ONLY)

BESSIE MC INTIRE.

INTERLOCUTORY JUDGMENT  
OF DIVORCE  
(Default)

vs.

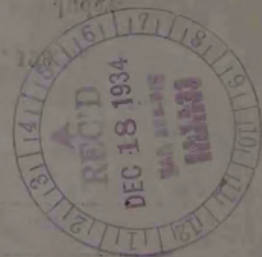
Plaintiff,

GLIDE C. MC INTIRE,

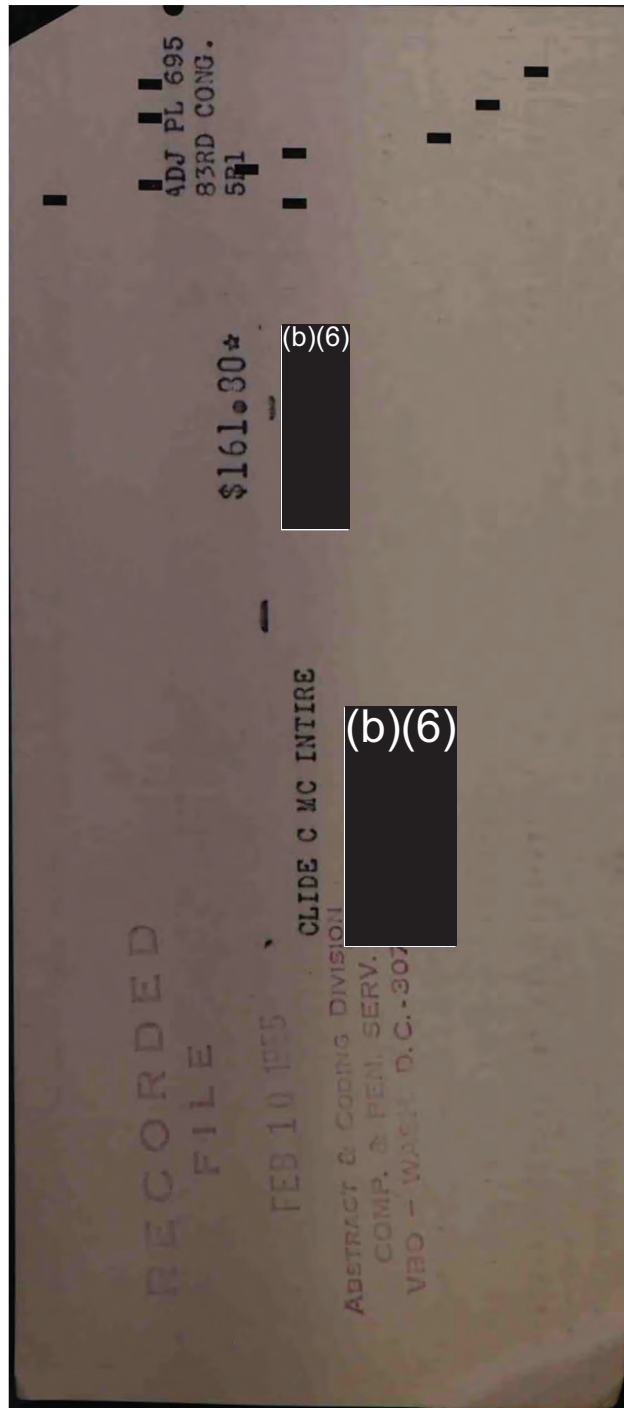
Defendant.

LUCILE CONREY

Attorney for Plaintiff.











W. E. DILLON  
ATTORNEY-AT-LAW  
PATENT ATTORNEY  
WEST LOS ANGELES

December 14th,  
1934.

MCC-Bf



George E. Brown,  
Director, Veterans' Claims Service,  
Veterans Administration,  
Washington, D. C.

(b)(6)

Dear Sir:

In reply to your letter of November 30, 1934, inclosed please find the two documents, and will say further that there was no written agreement as to maintenance and support, nor was any such agreement brought up before the court, owing to the fact that the attorneys for each party stipulated that the \$35.00 mentioned would be in full of all claims, and the check (of which you have a copy) and payment therefor, was made out to both the attorney and plaintiff and subsequently signed and endorsed and cashed.

Yours very truly,

*Clide C. McIntire*

Clide C. McIntire,

(b)(6)

O.  
Inc-2. *OK*

*file 1-14-35*

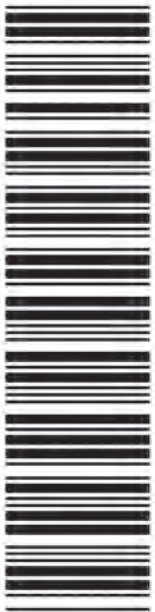








\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

State of Oklahoma, Fifteenth Judicial District.

In the District Court in and for the County of Grady.

Fay Vera Mc Intire, plaintiff, )

vs. )

No. 6104.

Clyde Mc Intire, defendant. )

Now, on this 6th day of May 1920, the same being one of the regular judicial days of this Court, comes on this cause regularly for hearing, and the plaintiff Fay Vera Mc Intire appeared personally and by her attorney, R. Hamilton, and the defendant Clyde Mc Intire having filed his waiver and issuance of summons, entered his general appearance in this cause:

And the Court having heard the pleadings and the testimony of witnesses, is of the opinion that the allegations in the plaintiff's petition set forth are true, and the Court being fully advised in the premises:

It is therefore ordered, adjudged and decreed by the Court that the plaintiff Fay Vera Mc Intire be, and she hereby is divorced from the defendant Clyde Mc Intire, and that the bonds of matrimony heretofore and now existing between the said plaintiff and the defendant be, and they are hereby set aside, dissolved, and wholly in all things held for naught.

It is further ordered that the plaintiff be restored to her maiden name of Fay Vera Rounds,

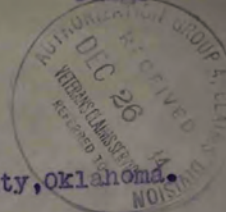
It is further ordered that this decree of divorce do not become of full force and effect until after the expiration of six months from this day.

Attest

Edna T. Watkins

Court Clerk in and for Grady County, Oklahoma.

Judge



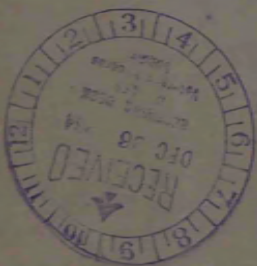


6104

Jay Vera Mc Intire  
78.

Clyde Mc Intire

Decees of- Inoice



Form 3229

15-465 GPO

VETERANS ADMINISTRATION

MEMORANDUM

From Director, Veterans' Claims Service.  
To Budget Officer and Chief of Statistics.  
Subject MC INTIRE, Glida C. (b)(6)

Date November 30, 1934.  
MCC-Bf

The above veteran appears to have been admitted to the National Military Home, Los Angeles, California. Please furnish a hospitalization and domiciliary status of him since July 1, 1933.

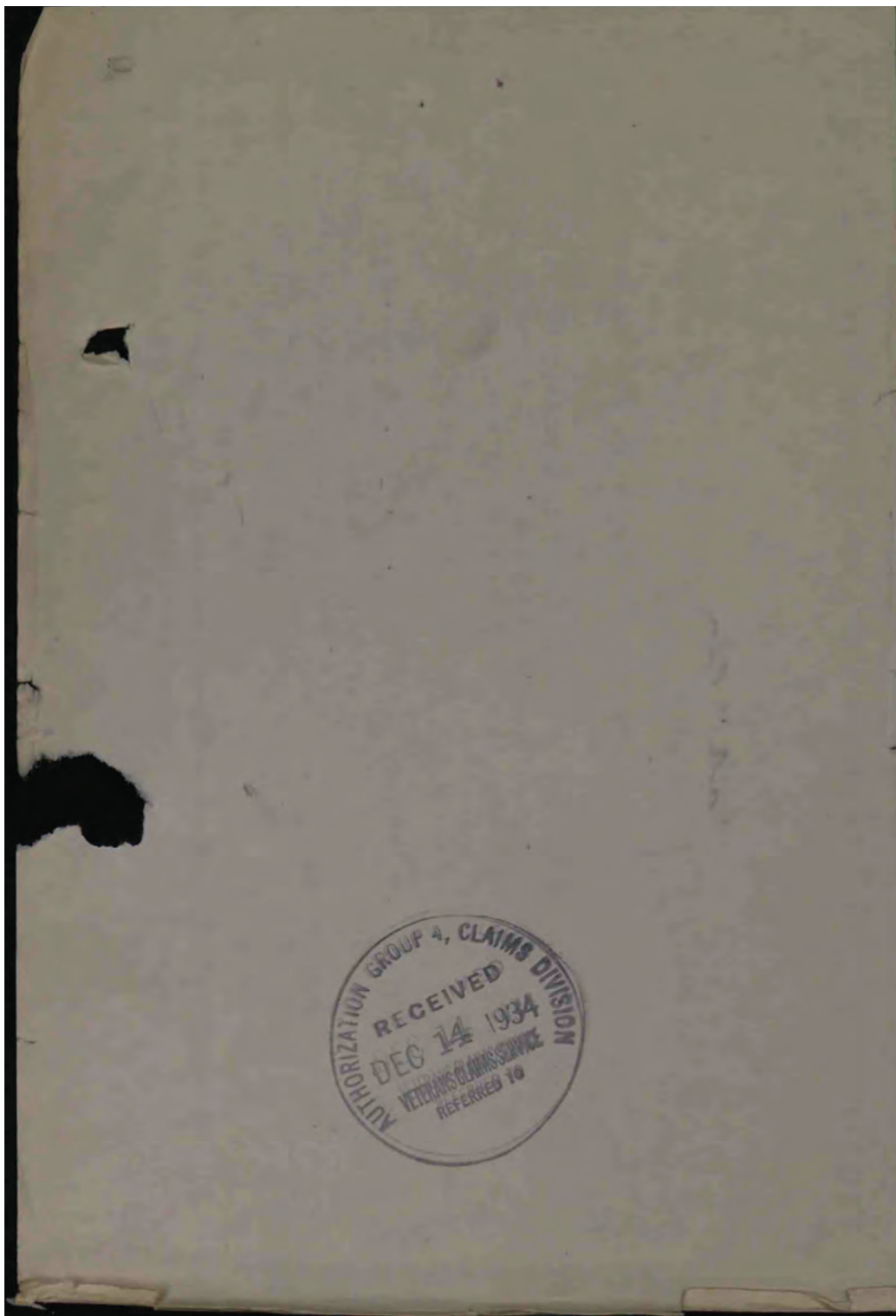
*noted  
File  
12/19/34  
GEB*

*George E. Brown*  
GEORGE E. BROWN.

RECEIVED  
DEC 14 1934  
C SUBSECTION  
6

*Sent 12/13/34*





## HOSPITALIZATION OF CLAIMANT

12/12/34

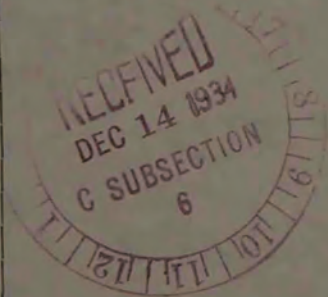
*auth*

From: BUDGET OFFICER AND CHIEF OF STATISTICS

To: DIRECTOR VETERANS CLAIMS SERVICE

Name of Claimant McINTIRE, Clyde C. C-No. (b)(6)Rank and Org. Cpl. A 44th U.S.V. Inf.

Hospital	Admitted	Discharged	Diagnosis	Authority
V.A. Facility Los Angeles, Calif.	1/28/31 Dom.	3/30/34 Own req.	Impaired hearing bil. Dental sepsis Epididymitis mild Obesity	Reg. 6-a Par. 1-c

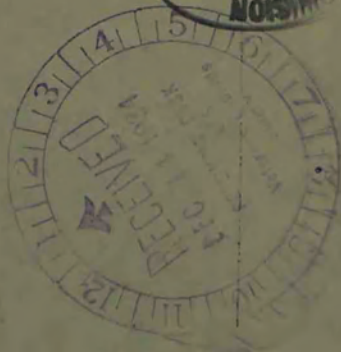
*Free,  
noted  
12-19-34  
AM*

S. M. MOORE, JR.

By S. Andrews



AUTHORIZED  
DEC 14 1964  
VETERANS CLAIMS SERVICE  
REFERRED TO  
NOV 1964



39275

## Signal Corps, United States Army

Received at War Department Message Center,  
Room 3441, Munitions Building,  
Washington, D. C.

RADIOGRAM

3-9313

U. S. GOVERNMENT PRINTING OFFICE: 1933

24WVY D 27 VETS

LOSANGELES CALIF 915 A DEC 12 34

(b)(6)

CLAIMS SERVICE

Clide

VETS ADMN, WASHN DC

12 9 1 5 4 3  
CLAUDE C. MCINTIRE TWELVE NINE ONE FIVE FOUR THREE APPLYING

TO THIS FACILITY FOR OUTPATIENT TREATMENT RADIO COMPLETE PENSION AND  
FACILITY STATUS AND ANY SERVICE CONNECTED DISABILITIES

HADLEY

1253P

RECEIVED  
Com. Information Service  
DEC 1 1934  
Case Review Sub-Division

1210 274  
1050



1934 DEC - 12 - PM 2:19

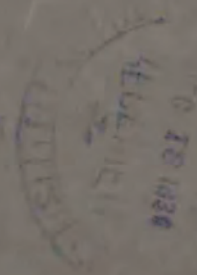
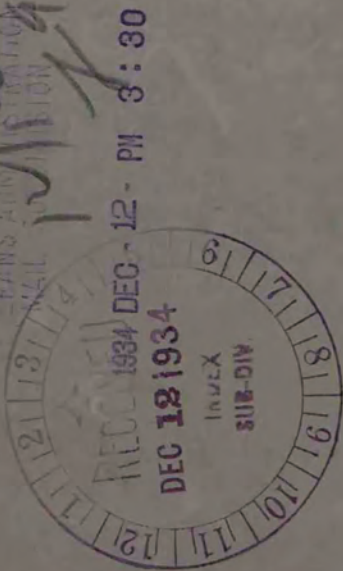
MAIL DIVISION



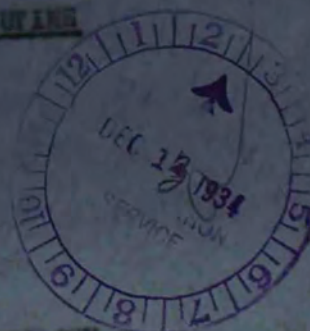
VETERANS ADMINISTRATION

MAIL ROOM

1934 DEC - 12 - PM 2:12



ROUTINE



CHS:HHH:ebv MUR-2a  
Room 1027 Arlington Bldg.  
Sal & Exp 1935

Washington, D.C. December 13, 1934

GOVT VETS AID  
MANAGER  
VETERANS ADMINISTRATION FACILITY  
WEST LOS ANGELES, CALIFORNIA

ARMED DECEMBER TWELFTH CLIDE C MCINTIRE C TWO THREE SIX NAUGHT SEVEN NAUGHT EIGHT  
ENLISTED SEPTEMBER SIXTH NINETY NINE HONORABLY DISCHARGED JUNE THIRTIETH NINETEEN  
ONE NOT FOR DISABILITY IN LINE OF DUTY HAS SERVICE CONNECTION AND RATED FORTY  
PERCENT FOR MYOCARDITIS AND ARTHRITIS INCURRED IN LINE OF DUTY IN PHILIPPINE  
INSURANCE HOSPITAL STATUS CLEAR

BROWN  
VETERANS CLAIMS SERVICE



VETERANS ADMINISTRATION  
Form 537  
Rev. Nov., 1931

CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

I

A

K

SJS SC-1291 543 350

Date 12/8/34

414  
FROM Accounting

(Designate Division of Central or Regional Office preparing form)

To Disbursing

(Indicate activity to which to be forwarded—Central Office or Regional Office)

SUBJECT: Change Address—(Name)—under

(Cross out one not applicable) (Term, Converted or Automatic Insurance; Disability, Death, or Adjusted Compensation; Disability Allowance; Pension)

1. Present full name of payee Clide C. McIntire

2. Former address

3. New address

4. Person in service

5. Former name of payee

1 12/1/34 jml mew

Submitted by

(Signature)

(Official title)

Approved by

(Signature)

(Official title)

(R. O. No. ....)

FILED - 70

JAN 8

R.E.O.

Noted 12/11/34  
mew

Williamson

REGULAR PAYMENTS  
SUBDIVISION RECEIVED  
DEC 13 1934  
PHOTO TYPE AND FILES  
SECTION

CLIDE C MC PIRE

(b)(6)

(b)(6)

BX 143

CALIF

RECEIVED  
DEC 14 1934  
MAIL SECTION  
DIV. OF DISBURSEMENT





Form 3229

15-465

VETERANS ADMINISTRATION

MEMORANDUM

From Chief of Personnel.  
To Director, Veterans' Claims Service.  
Subject Clide C. McIntire. (b)(6)

MCC-Bf

Date December 10, 1934

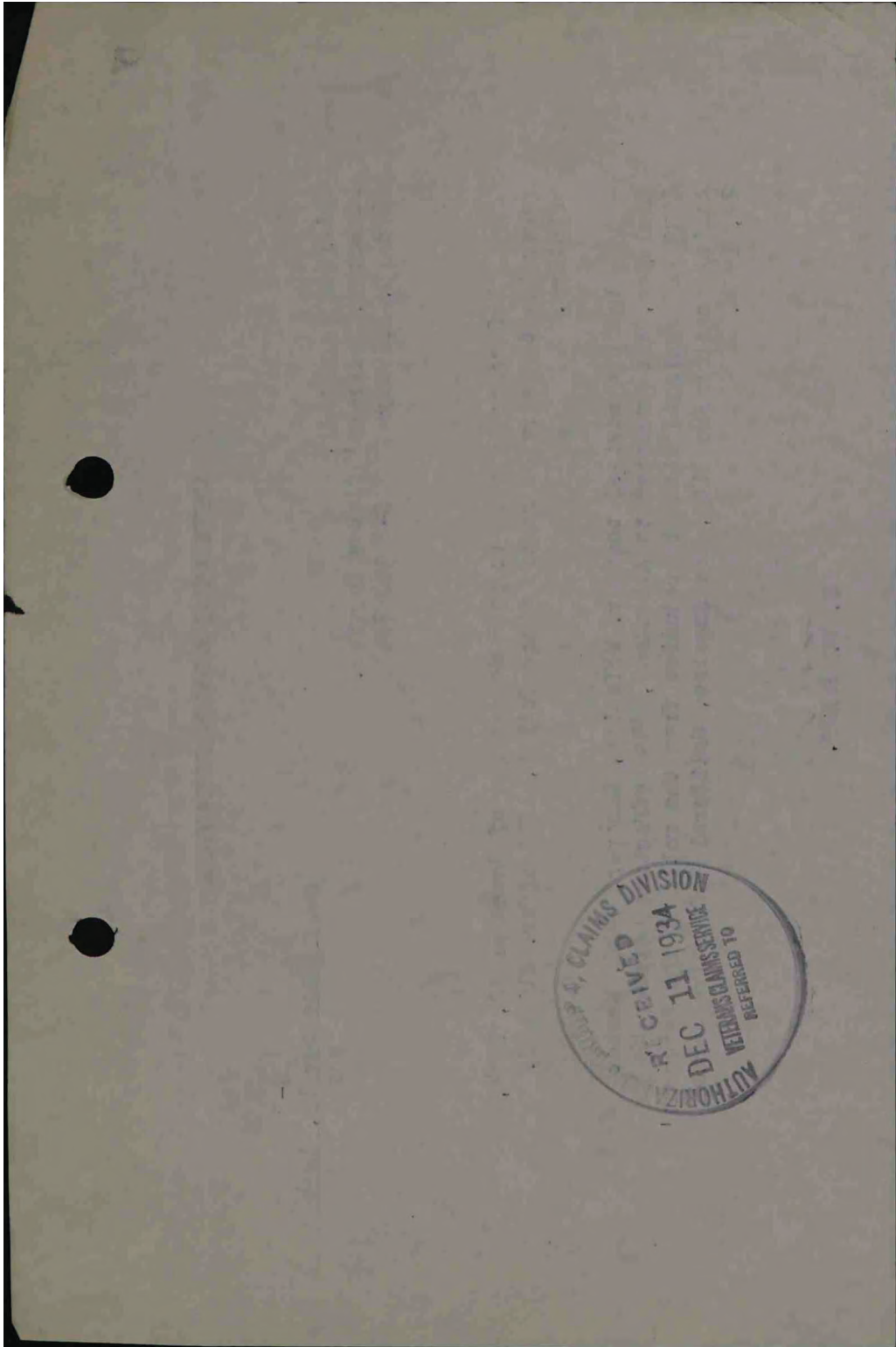
BCJ

Reference is made to your memorandum of November 30, 1934, regarding the service record since July 1, 1933 of Mr. Clide C. McIntire.

You are advised that Mr. McIntire, Laborer, \$480, Member Employee, was promoted to Attendant, \$540 effective October 4, 1933 and resigned without prejudice from the rolls of the Veterans' Administration Facility, Los Angeles, California effective March 29, 1934. ✓

*G. E. Sweet*  
G. E. Sweet

RECEIVED  
DEC 11 1934  
Dir. of Veterans' Claims Service  
*WMA*





Case Wanted on-

Date:

March 14, 1935

C (b)(6)

Name ENTIRE, Clide C.

### DIARY CARD

Reason: Awaiting further evidence from the veteran in

regard to marital status.

VETERANS ADMINISTRATION  
FORM 693

*E. P. Rahn*  
Group 4

Room 920  
(Name of Person or Section Requesting Case)

Form 3229

15-465 GPO

VETERANS ADMINISTRATION

MEMORANDUM

From Chief, Claims Division.  
To Chief, Personnel Division.  
Subject MC INTIRE, Glide C. (b)(6)

Date November 30, 1934.  
MCC-Bf

The above veteran of the Philippine Insurrection appears to have been employed at the National Military Home, California. Please furnish an employment status showing his salary and employment since July 1, 1933.

*J. E. Loggins*  
J. E. LOGGINS.

*File 20-12-10-34*





DEC 11 1934 PM

12/4 Years on duty 5-1-31

PERSONNEL OFFICE

Service Record

Name *McIntire, Claude C.*

Designation *Atten - member*

Salary \$ *540*

Location *Los Angeles, Calif.*

Status *Res. wop.*

*3-29-34-*



November 30, 1934.

Mrs. Bessie McIntire,

MCC-Bf

(b)(6)

MC INTIRE Slide C.

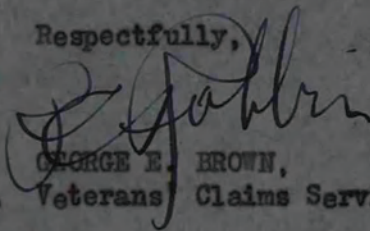
(b)(6)

Dear Madam:

This has reference to your claim in the above case.

There has been furnished a certified copy of the divorce decree showing your divorce from your husband, Dean B. Compton. There has not, however, been furnished a certified copy of the divorce decree showing your divorce from your husband Arthur J. Clarkson. This will be necessary for record purposes and should be furnished at your earliest convenience.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans Claims Service.



November 30, 1934.

Mr. Clide C. McIntire,

MCC-Bf

(b)(6)

(b)(6)

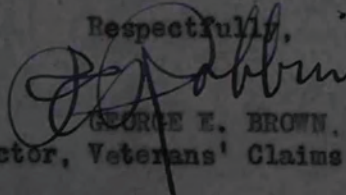
Dear Sir:

This has reference to your claim for disability pension.

It appears that an interlocutory decree of divorce has been rendered between yourself and your wife, Mrs. Bessie L. McIntire, and that an agreement was made between yourself and her that the payment of \$35.00 would be in full for all claims such as alimony, support and maintenance, attorneys' fees and costs. Will you please furnish this office at your earliest convenience with a certified copy of such interlocutory decree of divorce and if such agreement was made part of the court order such should be shown within the interlocutory decree over the seal of court so as to indicate whether or not the court recognized such agreement. The reason is, where a veteran is contributing to his wife's support by order of court there is no apportionment of his pension. If the final decree of divorce has been rendered a certified copy of such order should also be forwarded over the seal of court.

To complete the evidence in file will you also please furnish this office with a certified copy of the public record of the death of your first wife. If, however, your first marriage, that is to Vivian Rounds, was terminated by divorce there should in lieu of the death certificate be forwarded a certified copy of such divorce decree over the seal of court. If, however, your marriage to Vivian Rounds was not actually terminated by divorce or death you should furnish this office with a certified copy of the public record of your marriage to her which appears to have been in February, 1913. It is noted that in August, 1928, you executed an affidavit that you believed your wife, Vivian Rounds, was deceased.

Respectfully,



GEORGE E. BROWN,  
Director, Veterans' Claims Service.



Chief, Claims Division.  
Chief, Personnel Division.  
MC INTIRE, Clide C. (b)(6)

November 30, 1934.  
MCC-Bf

The above veteran of the Philippine Insurrection appears to have been employed at the National Military Home, California. Please furnish an employment status showing his salary and employment since July 1, 1933.

*E. Kahl*  
J. O. LOGGINS.



Director, Veterans' Claims Service.  
Budget Officer and Chief of Statistics.  
MC INTIRE, Clide C. (b)(6)

November 30, 1934.

MCC-Bf

The above veteran appears to have been admitted to the National Military Home, Los Angeles, California. Please furnish a hospitalization and domiciliary status of him since July 1, 1933.

  
GEORGE E. BROWN.



FILED

NOV 9 1934

See File of Claims and Bonds  
Section Chief Mr. R. 327

November 10, 1934

DCC-A

(b)(6)

Mr. Clyde C. McIntire,  
215 N. Boston,  
Tulsa, Oklahoma.

FILED - 70

NOV 21 1934

VET. REC.

Dear Sir:

Receipt is acknowledged of your communication dated October 18, 1934, wherein you reported the loss of check No. 1860432, dated August 31, 1934, for \$28.00, symbol 11561, drawn in your favor.

You are informed that the Treasurer of the United States has been requested to place stoppage of payment upon the above described check, and, if outstanding, a bond of indemnity will be furnished in order that you may make claim for a duplicate check. If, however, this check is reported paid, the indorsements will be furnished and you will be given an opportunity to claim forgery.

Respectfully,

G. F. Allen,  
Chief Disbursing Officer.

RB/alr







1 MCG RD  
(b)(6)

2 Clide C. McIntire.

3 AFFIDAVIT OF JAMES JAEYERS

4 State of California )  
5 County of Los Angeles ) ss

6 On this 9th day of November, 1934, personally appeared  
7 before me a Notary Public in and for said county and state,  
8 JAMES JAEYERS, who being by me first duly sworn, deposes and  
9 says: That he is of the age of 42 years and his residence and  
10 postoffice address is 1546 Colby Avenue, West Los Angeles, Cali-  
11 fornia; that affiant is now, and for 3 years last past has been  
12 personally acquainted with the above named pensioner, and for  
13 approximately one year last past affiant has been acquainted  
14 with pensioner's wife, and that on or about the 11th day of March,  
15 1934, pensioner and I were walking down to West Los Angeles from  
16 the National Military Home when we were on South Federal Avenue,  
17 pensioner said "There comes my wife." When we met her pensioner  
18 said "Where are you going?" Affiant had taken 2 or 3 steps  
19 further on and had stopped to wait for pensioner and overheard  
20 pensioner say, "Where do you think you are going?" She said  
21 "I am going home!" Then pensioner said "When are you going to  
22 let me come back home again?" To which she replied, "Never."  
23 Pensioner said to her, "I think I am going to get my pension  
24 back, we can get along all right if you will let me come back  
25 home." To which she answered, "If you do get any of your pension  
26 back it won't be more than \$15.00 per month, and then I can't be  
27 interested, and furthermore I then want you to quit stopping me  
28 on the streets for it won't do you any good to talk to me, I am  
29 going to get a divorce so Good-Bye." Then she walked on and  
30 pensioner said nothing but came back and said to affiant, "Lets  
31 go on down town." Affiant further says that he has no interest  
32 direct or indirect in the prosecution of this claim nor the out-  
come thereof, and that he is not related to either party.

James Jayers-  
Affiant

Subscribed and sworn to before  
me this 9th day of November, 1934.

Notary Public in and for said  
County and State.

My Commission Expires March 31, 1937.

RECEIVED  
NOV 13 1934  
C SUBSECTION  
6

RECEIVED  
NOV 14 1934  
GROUP 6, CLAIMS DIVISION



FILE

NOV 9 1934

So File in [unclear] [unclear]  
[unclear] [unclear] [unclear] [unclear]

November 10, 1934

DCC-A

McINTIRE, Glide C.

(b)(6)

(b)(6)

The Treasurer of the United States,  
Treasury Department,  
Washington, D. C.

Sir:

There is enclosed, a communication dated October 18,  
from Glide C. McIntire wherein he reported the loss of check  
No. 1868482, dated August 31, 1934, for \$28.00, symbol 11561,  
drawn in his favor.

Stoppage of payment should be placed upon this check,  
and, if outstanding, a bond of indemnity should be furnished.  
If, however, this check is reported paid, the indorsements  
should be furnished.

The correspondent has been informed of this refer-  
ence.

Respectfully,

G. F. Allen,  
Chief Disbursing Officer.

Enc. 1

RB/alr



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



1 MCG RD

(b)(6)

2 Glenn C. McIntire

3 AFFIDAVIT OF ROBERT J. MURRAY

4 State of California )  
5 County of Los Angeles ) ss

6 On this 5th day of November, 1934, personally appeared  
7 before me, ROBERT J. MURRAY, who being by me first duly sworn, de-  
8 poses and says, that he is of the age of 41 years, and that his  
9 postoffice and residence address is Company 9, National Military  
10 Home, West Los Angeles, California, and that he has known pen-  
11 sioner for five years last past, and has also known BESSIE  
12 McINTIRE, the wife of pensioner for approximately the same period  
13 of time; that during the month of January, the exact date of which  
14 affiant does not now recall, year 1934, affiant and pensioner  
15 were going along Westgate Avenue, near Federal Avenue, West Los  
16 Angeles, California, and pensioner said to affiant, "I am going  
17 down to see my wife and see if I can effect a reconciliation with  
18 her." And said pensioner and affiant did then go to the residence  
19 of Bessie McIntire at 1255 S. Federal Avenue, West Los Angeles,  
20 California, and found with respect to said effort on the part of  
21 pensioner to affect said reconciliation, affiant says: We went up  
22 to the house by the back way. I stopped a few steps from the door,  
23 and Mr. McIntire went up and knocked. His wife came to the door.  
24 He, Mr. McIntire asked her if he could come in. She said "No."  
25 If he had anything to say for him to say it. He asked her why  
26 she made him leave. She answered because I don't need you any  
27 longer. He told her he was still working at the hospital, and that  
28 they could get along on his pay all right until he had a chance to  
29 do better, if she would let him come back home. She said to Mr.  
30 McIntire, "You have lost your pension and you can't keep me on  
31 that little wages, besides I wouldn't have a soldier the can't  
32



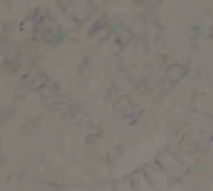




OFFICE OF THE SECRETARY

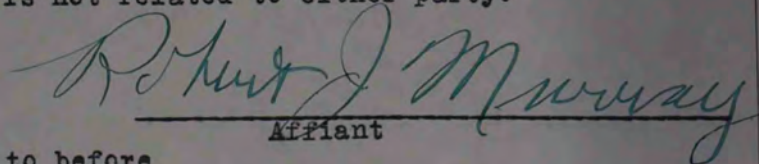
MEMORANDUM FOR THE SECRETARY  
SUBJECT: [Illegible]  
[The following text is mirrored and largely illegible due to bleed-through from the reverse side of the page. It appears to be a memorandum discussing various matters related to the Department of Veterans Affairs.]

[The following text is mirrored and largely illegible due to bleed-through from the reverse side of the page. It appears to be a memorandum discussing various matters related to the Department of Veterans Affairs.]

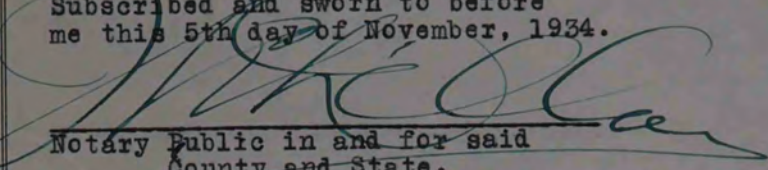




1 draw a pension and if you don't quit bothering me around here I  
2 am going to have you arrested." She then closed the door. As  
3 we went on down town Mr. McIntire said, "Now that is the way she  
4 treats me, I guess I am a fool to keep on trying to make up  
5 with her." Affiant further says that he has no interest direct  
6 or indirect in the prosecution of this claim nor the outcome  
7 thereof, and that he is not related to either party.

8   
9 Affiant

10 Subscribed and sworn to before  
11 me this 5th day of November, 1934.

12   
13 Notary Public in and for said  
14 County and State.

15 My Commission Expires March 31, 1937.  
16  
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32



RECEIVED  
NOV 7 1934





October 30, 1934

mcc - DC

McIntire, P. J.

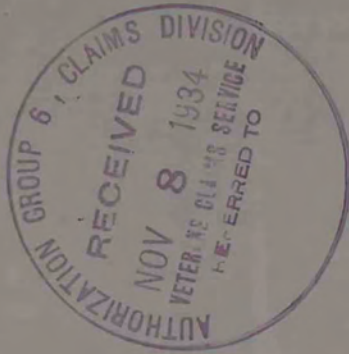
(b)(6)

Mr. George E. Brown

Dear Sir:-

In reply to your letter of

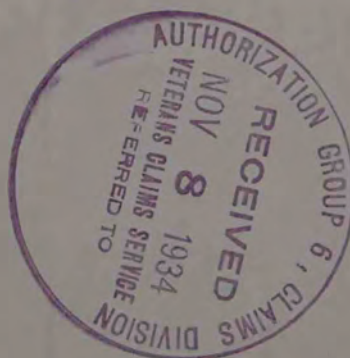
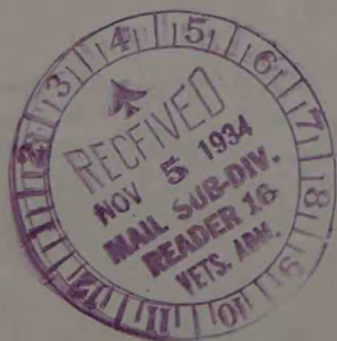
Oct. 23, I did not answer before as I was waiting to hear in regard this claim as I had taken it up with the Veterans Bureau here & they sent letters for me asking for certified copies that were required & I supposed they had been sent in, & Mr. Fugle who takes care of it for me is all at the present time I was told, I was advised by them at the Veterans Bureau to sign the check for the sum of \$35.00 for atty fee. as it had nothing to do with this, I paid the Reporter for also filing fee at the time





They also told me I was intitled to a part  
of the pension — for one year, upon the  
time the interloctary decree was granted  
May 1<sup>st</sup> last until the final decree is granted  
next May & Mr. McGintie had told me different  
times he was willing I should apply for  
a part of pension — I understood it was  
being handled that way. Hoping to hear  
and get this settled I thank you & remain,  
Respectfully Dennis M. Gintie.







Veterans Administration  
Fin. Form 1317, Rev. Jan. 1934

IDENTIFICATION AND DATA SLIP

Payee Clide C. McIntire

(b)(6)

Number ( 15 )  
Assigned ( I )

War S.A.

Rate \$ 5.00 Code 5B  
Classification 5B

Date 7/1/34 Clerk, M.P. & I. Unit

Data for Correspondence or Disposition

(Must be initialed and dated by clerk supplying data)

Ret Adm to Ret. Los Angeles 7/1/33 -  
Disc 3/30/34.

amt due -

<u>15.00</u>	<u>7/1/33 to 3/30/34 -</u>	<u>135.00</u>
<u>40.00</u>	<u>4/1/34 to 6/30/34 -</u>	<u>120.00</u>
<u>28.</u>	<u>7/1/34 to 10/31/34 -</u>	<u>112.00</u>
<u>Total due</u>		<u>\$367.00</u>

amt pd.

<u>1 ady. ch# 2280601</u>	<u>7/1/33-4/30/34 -</u>	<u>150.00</u>
<u>2 ch# 1779940</u>	<u>@ 15.00 7/1/34-6/30/34 -</u>	<u>30.00</u>
<u>1 ady. ch# 2681627</u>	<u>4/1/34-7/31/34</u>	<u>103.00</u>
<u>3 ch# 1860482</u>	<u>@ 28.00 7/1/34 to 10/31/34</u>	<u>84.00</u>
<u># 2379699</u>		
<u># 5281853</u>		
<u>amt pd</u>		<u>\$367.00</u>
<u>amt balanced thru 10/31/34. In 20 11/8/34</u>		

November 14, 1934

FILED - 70

HAL-13

Mr. Clyde C. McIntire,  
213 North Boston Street,  
Tulsa, Oklahoma.

NOV 23 1934

(b)(6)

VET. REC.

FILE N JACK

Dear Sir:

Reference is made to communication of August 11, 1934 from the Manager, Veterans Administration, Oklahoma City, Oklahoma, regarding your pension payments.

Inasmuch as you were in the Veterans Administration Facility, Los Angeles, California, from July 1, 1933 to March 30, 1934, you were due pension at \$15.00 per month from July 1, 1933 to March 31, 1934; \$40.00 per month from April 1 to June 30, 1934; and \$22.00 per month from July 1, 1934.

The following is a statement of your account from July 1, 1933 to October 31, 1934:

<u>Period</u>	<u>Amount Due</u> <u>Monthly</u> <u>Rate</u>	
7-1-33 to 3-31-34	\$ 15.00	\$150.00
4-1-34 " 6-30-34	40.00	120.00
7-1-34 " 10-31-34	22.00	112.00
	<u>Total Due</u>	<u>\$367.00</u>

<u>No. of Checks</u>	<u>Period</u>	<u>Amount Paid</u> <u>Ent. of</u> <u>Each Check</u>	
1 (adj.)	7-1-33 to 4-30-34		\$150.00
2	5-1-34 " 6-30-34	\$ 15.00	30.00
1 (adj.)	4-1-34 " 7-31-34		100.00
3	8-1-34 " 10-31-34	22.00	66.00
	<u>Total Paid</u>		<u>\$367.00</u>



- 2 -

Future payments will be at the rate of \$23.00 per month as long as the status of your case remains unchanged.

Respectfully,

*C/2/2*  
M. COLLINS,  
Director of Finance.

RAB:eba *ml*

(11)

Amount  
monthly paid

Period

7/1/33 - 3/31/34  
4/1/34 - 6/30/34  
7/1/34 - 10/31/34

15.00  
40.00  
28.00

\$ 135.00  
120.00  
112.00

Total Due

\$ 367.00

over



Amount Paid

(2)

<u>no of chs</u>	<u>Period</u>	<u>amt of ea ch</u>	
1 (adj.)	7/1/33 - 4/30/34		\$150.00
2	5/1/34 - 6/30/34	15.00	30.00
1 (adj.)	4/1/34 - 7/31/34		103.00
3	8/1/34 - 10/31/34	28.00	84.00

Total Paid

\$367.00

Tulsa, Oklahoma.  
Sept. 18, 1934

Mr. George E. Brown,

Dear Sir:

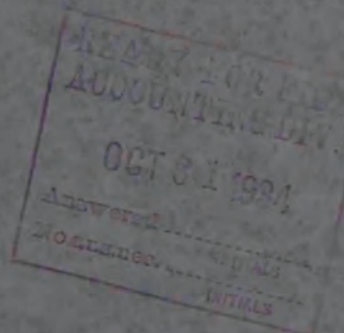
My Pension Check \$28.00 for month of August has been lost in the mail. I went on visit to Chickasha, Oklahoma in August and instructed mail carrier to leave Pension Check with my Sister Mrs. Moxie Bodensteiner with whom I live. I instructed Sister to place it in another envelope and send it to me to come home on she rec'd it on Sept. 1st and put it in a letter & mailed it Special Delivery to me on Sept 1st addressed to me at 228 So. 3rd St., Chickasha, Oklahoma so after waiting several days after Sept 1st I wrote my Sister telling her if check had not come to send me money to come home on and she wired me on Sept 7th that she had sent check on Sept. 1st by Special Delivery so I went to Post Office at Chickasha on September 7th & Post Master looked over his files and said it had never been Recd at that office My sister taken it up with Tulsa Post Master and has Recd notice from him That he can find no trace of the letter the check is not indorced by me so Please stop payment on it is it has not already been cashed & please send me Proper Forms to fill out so I can get duplicate of it my August check.

My Pension Certificate No is (b)(6)

& Oblige

Very respectfully  
Clide C. McIntire

Address  
213 N. Boston,  
Tulsa, Oklahoma.





October 31, 1934

DAB-AB

Division of Disbursement,  
Treasury Department,  
Washington, D. C.

McINTIRE, Clide C.

(b)(6)

The enclosed communication dated September 18, 1934 is forwarded in order that the veteran may be advised concerning the nonreceipt of his pension check. Acknowledgment of this letter has been made.

Respectfully,

E. G. FLESTER,  
Acting Chief of Subdivision.

1  
2 Enc.

C

For LRB



October 31, 1934

DAB-AB

Mr. Clide C. McIntire,  
213 N. Boston,  
Tulsa, Oklahoma.

(b)(6)

War with Spain

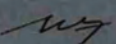
FILE N JACKET

Dear Sir:

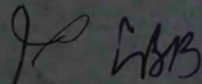
Reference is made to your communication dated September  
18, 1934 concerning the nonreceipt of your August 1934 pension check.

This matter has been referred to the Division of Disbursement,  
Treasury Department, Washington, D. C. for reply.

Respectfully,

  
M. COLLINS,  
Director of Finance.

IS:R





Veterans Administration  
Fin. Form 1317, Rev. Jan. 1934

IDENTIFICATION AND DATA SLIP

Payee: *Clide C. McArthur*

Number ( C *2360708*  
Assigned ( I *SC 1291503*

War *SAW*

Rate \$ *28* Code  
Classification *5B1*

Date *10/27/34* Clerk, M.P. & I. Unit *M.H.7*

Data for Correspondence or Disposition  
(Must be initialed and dated by clerk supplying data)

*Refer letter to D.O.*

*Aggk # 1860482*  
*Amount \$ 28.00*  
*Symbol # 11561*

*M.H.7*

*10/27/34*

*amt*

*Symbol*

October 23, 1934.

MCC-Bg

Mrs. Bessie L. McIntire,

(b)(6)

McINTIRE, Clide C.

(b)(6)

Dear Madam:

The files in this claim show that you were written to on August 24, 1934, in regard to furnishing proof of your relationship to this veteran. You have made no reply.

There has been furnished a certified copy of your agreement with the veteran as follows:

"Bessie McIntire vs. Clide C. McIntire.

Case No. D 121006

Los Angeles County, Superior  
Court

Received of W. E. Dillon, attorney for Clide C. McIntire, the sum of Thirty-five and 00/100 Dollars (\$35.00), which is accepted in full for all claims for alimony, support and maintenance, attorneys fees and costs of court in the above entitled action, and hereby fully relieves and releases defendant from any and all claims for alimony, counsel fees and costs of court in this and/or any other action at law.

Date, May 1934.

Bessie L. McIntire  
Lucile Conrey"  
(Signed)

In view of this agreement, please state why you are applying for one-half of the pension of this veteran. You will be given thirty days time in which to state your claim, and if no information is received from



- 2 -

Mrs. Bessie L. McIntire

McINTIRE, Clide C.

(b)(6)

you within thirty days, your claim will be outlawed.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

*being  
reopened  
file*

JMC:eb



October 23, 1934.

MCC-Bg

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

Receipt is acknowledged of your letter of October 5, 1934, with the enclosure.

Your wife will be communicated with regarding the separation agreement. No action will be taken on the claim until her reply is received, provided she makes reply within thirty days.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

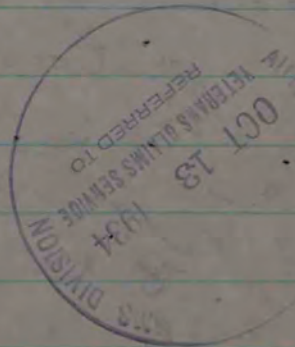
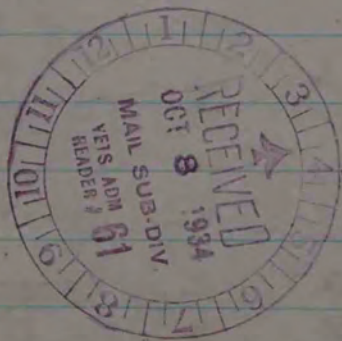
*Craig*  
*10/22/34*  
*file*  
*Deaned*  
*for 11/30/34*

JHE:eb



Tulsa Okla  
74CC: A7  
(b)(6) Oct 5 - 34

Mr. George E. Brown  
Dear Sir  
I am in receipt  
of your  
Acknowledgement  
of my letter &  
Affidavit of  
Sept. 11 - protesting  
my Wifes right  
to any part of my  
pension. I  
also sent you  
Affidavit of  
H. E. Holloway &  
Receipt that the wife  
& her atty. signed  
which was an  
agreement that she





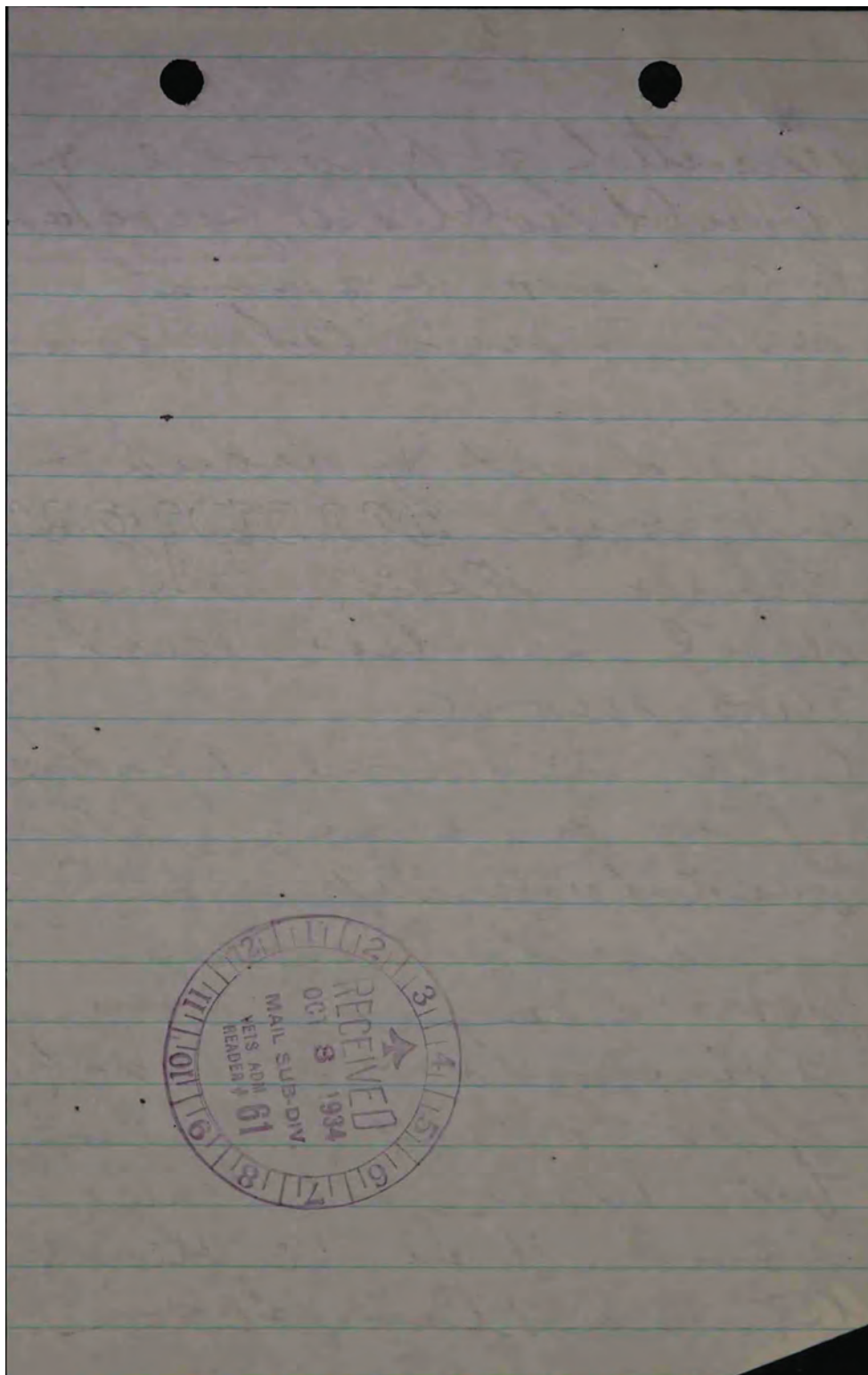
2

Wanted a Divorce &  
would hold no further  
claims against  
me I mailed you  
the

Affidavit & Receipt  
on Sept 17 - if you  
have Recd. them  
Will I still need  
two more

Or one more Affidavit  
it is a long way  
back to Calif. & I

I don't know  
now how I am  
going to get back  
there to get Affidavits  
but will get there  
some way so please  
let me hear from





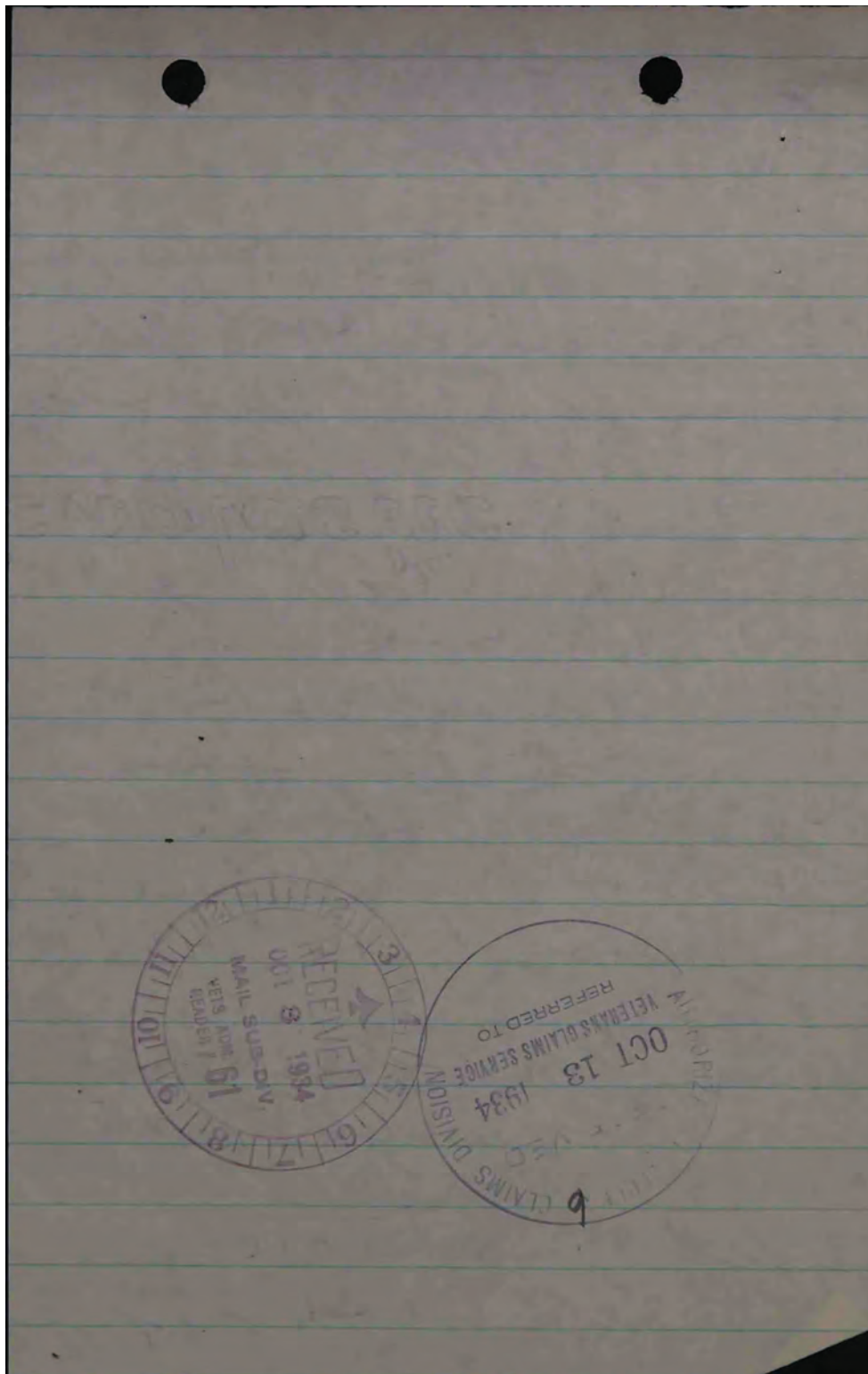
3

You as soon as  
convenient + if  
it is still necessary  
I will go back  
to Calif. + get  
Affidavits

Please give  
me reasonable  
length of time  
to get them  
before rendering  
your decision

Very Sincerely  
Chas E. McIntire

213 N. Boston  
Tulsa Okla





October 1, 1934.

MCC:BF

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

This will acknowledge receipt of your letter of September 11, 1934, with reference to the claim of your wife for one-half of your pension.

The affidavit filed by you has also been received, but in this connection, you are informed that it will be necessary to get at least two witnesses, who will make affidavits, substantiating what you have stated in your affidavit. It is suggested that you do this as early as possible.

Respectfully,

9  
GEORGE E. BROWN  
Director, Veterans' Claims Service.

JFJ:AB



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



6  
9/28



MCC BD  
(b)(6)

AFFIDAVIT OF W. E. DILLON.

State of California )  
County of Los Angeles ) ss

W. E. Dillon, being first duly sworn, deposes and says, that he is now, and at all times herein mentioned, was over and above the age of 21 years; that his residence address is 11859 Goshen Avenue, West Los Angeles, California; that he is now, and at all times herein mentioned, has been a duly practising attorney at law under and by virtue of the laws of the State of California, with his offices located at 1641 Sawtelle Boulevard, West Los Angeles, California; that on or about the 26th day of April, 1934, Bessie McIntire sued Clide C. McIntire for a divorce upon the grounds of cruelty, and that Lucile Conrey was the attorney for Bessie McIntire; that affiant, as such attorney for pensioner, explained to counsel for plaintiff that if plaintiff would waive any right for maintenance and support of any nature whatsoever, that defendant would pay to plaintiff and attorney for plaintiff, the sum of \$35.00, which was to be, and was, in full for any and all grounds for maintenance and/or support of any nature, and that in pursuance to said agreement, affiant did, as attorney for defendant, execute and deliver a check for the sum of \$35.00 made payable to said plaintiff, who is the wife of pensioner, and plaintiff's counsel, a copy of which check is attached hereto and made a part hereof.

*[Signature]*  
Affiant.

Subscribed and sworn to before me this 18th day of Sept. 1934.

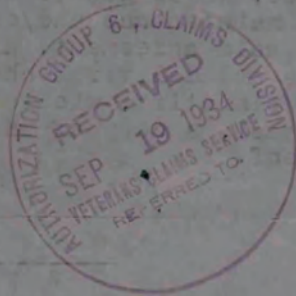
*[Signature]*  
Notary Public in and for said County and State.

My Commission Expires 1-28-36



SEP 19 1934

TO THE HONORABLE SECRETARY OF THE WAR DEPARTMENT  
WASHINGTON, D. C.  
FROM THE VETERAN [Name]  
[Address]  
[City, State]  
[Subject]





W. E. DILLON  
ATTORNEY  
1641 SAWTELLE BOULEVARD  
PHONE 31663

No. 419

West Los Angeles, Calif. May 4 1934

Pay to the order of Bessie McIntire and Lucile Conrey, her attys. \$35<sup>00</sup>

Thirty-five and no/100 DOLLARS

WEST LOS ANGELES BRANCH

California Bank 90-402

Commercial 11303 SANTA MONICA BLVD. Savings  
WEST LOS ANGELES, CALIFORNIA

R. B. Olson Trustee  
for W. E. Dillon

This check not cashable, or payable if attach receipt is not signed or is detached.

Bessie McIntire vs. Clide C. McIntire.

Case No. (b)(5)(6) Los Angeles County, Superior Court

Received of W. E. Dillon, attorney for Clide C. McIntire, the sum in full.  
of Thirty-five and 00/100 Dollars (\$35.00), which is accepted in full for  
all claims for alimony, support and maintenance, attorneys fees and costs  
of court in the above entitled action, and hereby fully relieves and re-  
leases defendant from any and all claims for alimony, counsel fees and  
costs of court in this and/or any other action at law.

Date, May 4 1934.

x Bessie L. McIntire  
x Lucile Conrey

State of Oklahoma  
County of Tulsa

)  
( SS  
(

In-Re- MCG\*ED

(b)(6)

A F F I D A V I T.

Clide C. McIntire, of Lawful age, being first duly sworn deposes and says; I did not leave or desert my wife, but always turned my money over to her and she spent it to suit herself.

We were married on Feb. 24, 1933, and my pension was cancelled on July 1st, 1933.

I worked at Annex Hotel or Hospital at Soldiers Home with 15 per cent<sup>cut</sup>; I received \$34.00 per Month and was raised to \$38.00 per Month with Board and Room.

I always gave my wife \$15.00 out of each check, which was twice per Month, making her share of my wages \$30.00 per Month, I kept the rest of my checks for my personal use.

I had also saved a little money before marriage, and I drew ✓ gave her some of that money for she always wanted more money.

My wife is in charge of an Apartment Court, She received our Apartment and \$15.00 per Month for taking care of it.

On January 8, 1934 she packed my suit case and told me to get out, that it was her home.- I begged her to let me stay, and she said no, I will never live with you again. That she was going to make some money for herself, and that all she wanted was a divorce.

She sued me for divorce without alimony, and she and her Attorney agreed that if I would pay her Attorney, and the Court costs of \$10.00 that she would not hold any further claim against me.

I paid it and they signed the receipt to that effect, and on May 10th, 1934, she received a decree of divorce and a restraining order, restraining me from coming on the property she is in charge of; and would not speak to me, so on June the 2nd, 34, I left for Oklahoma, not deserting her for she had already quit me and had a decree of divorce.

I left there because I wanted to get away from it all and let her have her own way.

*Clide C. McIntire*

Subscribed and sworn to before me this 11th. day of Sept. 1934.

My Commission Ex--6--17--1936.

*B. J. Ingraham*  
Notary Public









State of Oklahoma, Fifteenth Judicial District.

In the District Court in and for the County of Grant

Fay Vera McIntire, Plaintiff, )

vs. )

No. 6104

Clyde McIntire, defendant. )



Now, on this 8th day of May 1920, the same being one of the regular judicial days of this Court, comes on this cause regularly for hearing, and the plaintiff Fay Vera McIntire appeared personally and by her attorney, E. Hamilton, and the defendant Clyde McIntire having filed his waiver and issuance of summons, entered his general appearance in this cause:

And the Court having heard the pleadings and the testimony of witnesses, is of the opinion that the allegations in the plaintiff's petition set forth are true, and the Court being fully advised in the premises:

It is therefore ordered, adjudged and decreed by the Court that the plaintiff Fay Vera McIntire be, and she hereby is divorced from the defendant Clyde McIntire, and that the bond of matrimony heretofore and now existing between the said plaintiff and the defendant be, and they are hereby set aside, dissolved, and wholly in all things held for naught,

It is further ordered that the plaintiff be restored to her maiden name of Fay Vera Rounds,

It is further ordered that this decree of divorce do not become of full force and effect until after the expiration of six months from this day.

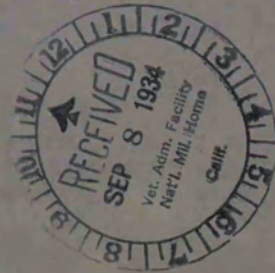
Will Linn

Judge

ENDORSED: No. 6104. Fay Vera McIntire vs. Clyde McIntire  
DECREE OF DIVORCE FILED IN DISTRICT COURT  
1920 Edna T. Watkins, Court Clerk J.12-







STATE OF OKLAHOMA, }  
GRADY, COUNTY } ss.

I, LILLIAN REYNOLDS, Court Clerk, within and for the State and County aforesaid, do hereby certify that the above and foregoing is a full, true correct and complete copy of Decree of Divorce in the above entitled cause as fully as the same appears of record and on file in my office.

Witness my hand as clerk and official seal this 4 day of Sept 1934.

Lillian Reynolds Court Clerk.  
By Jewel Thomas Deputy.

Tulsa, Oklahoma,

September 11, 1934.

Mr. George E. Brown

Director Veterans Claims

In - Re MCG-Bd

Washington D.C.

(b)(6)

Dear Sir; In response to your notice of August 24, 1934, That my wife has filed claim to part of my Pension, I will say that I want to contest her right to any part of same. I did not quit or desert my wife - but shortly after my Pension was cut off, My wife packed my suit case and told me to get out, That it was her house and that she was going to make some money for her-self.

She sued me for a divorce and secured a Re-straining, restraining me from coming near her at the Apartments she is in charge of.

She and her Lawyer agreed that if I would pay her Lawyer \$25.00 and Court costs of \$10.00 that she would not hold any further claim against me.

I paid the above amount and she and her Lawyer signed it. It was simply a case of loose my pension-lose my wife, as I had always given my wife my money and she, not I, did all the spending of it.

She quit me at a time when I had no Pension and did not know whether I would ever be reinstated or not.

I will send you my Affidavit and will send to Los-Angeles and have my Lawyer send you an affidavit of the agreement and a copy or the original receipt that she and her Attorney signed.

I wish you would oblige me with your decision as soon as possible, as I am not able to work and will have to go to the Soldiers home if it is decided in her favor.

Very Respectfully

Clide C. McIntire

(b)(6)

*Clide C. McIntire*





Filed, Oklahoma  
September 11, 1934

Mr. George E. Brown

Director, Veterans' Claims

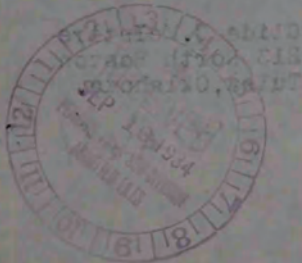
Washington, D.C.

In - Re - No. 101-20

Case No. 101-20

Dear Sir: I respond to your notice of August 24, 1934.  
The wife and I claim to have been married in 1912.  
I want to contest her right to any part of same. I did not put on  
her name - but shortly after my pension was cut off, my wife  
checked my wife's name and told me to put out. That is what happened.  
and that she was going to make money for herself.  
She sued me for a divorce and secured a restraining order.  
The court made her pay for the divorce and she is in ch-  
arge of it.  
She and her lawyer agreed that if I would pay her lawyer  
\$10.00 and Court costs of \$10.00 that she would not hold any further  
claim against me.  
I paid the money amount and she and her lawyer signed it.  
It was simply a case of losing my pension - lose my wife.  
as I had always given my wife my money and she, not I, did all the  
spending of it.  
She said at a time when I had no pension and did not  
know whether I would ever be reinstated or not.  
I will send you my Affidavit and will send to Los Angeles  
and have my lawyer send you an Affidavit of the present and a copy  
of the original receipt that she and her attorney signed.  
I wish you would call me with your decision as soon as  
possible, as I am not able to work and will have to go to the Soldiers  
Home if it is decided in her favor.

Very Respectfully



Veteran Administration  
Fin. Form Rev. Jan. 1934

IDENTIFICATION AND DATA SLIP

Payee..... *Blide C. McIntire*

.....  
.....  
Number ( *(b)(6)* )  
Assigned ( *(b)(6)* )  
.....

War.....  
Rate \$ *5000* Code.....  
Classification..... *898-*  
Date..... *8/28* Clerk, M.P. & I. Unit..... *CS*

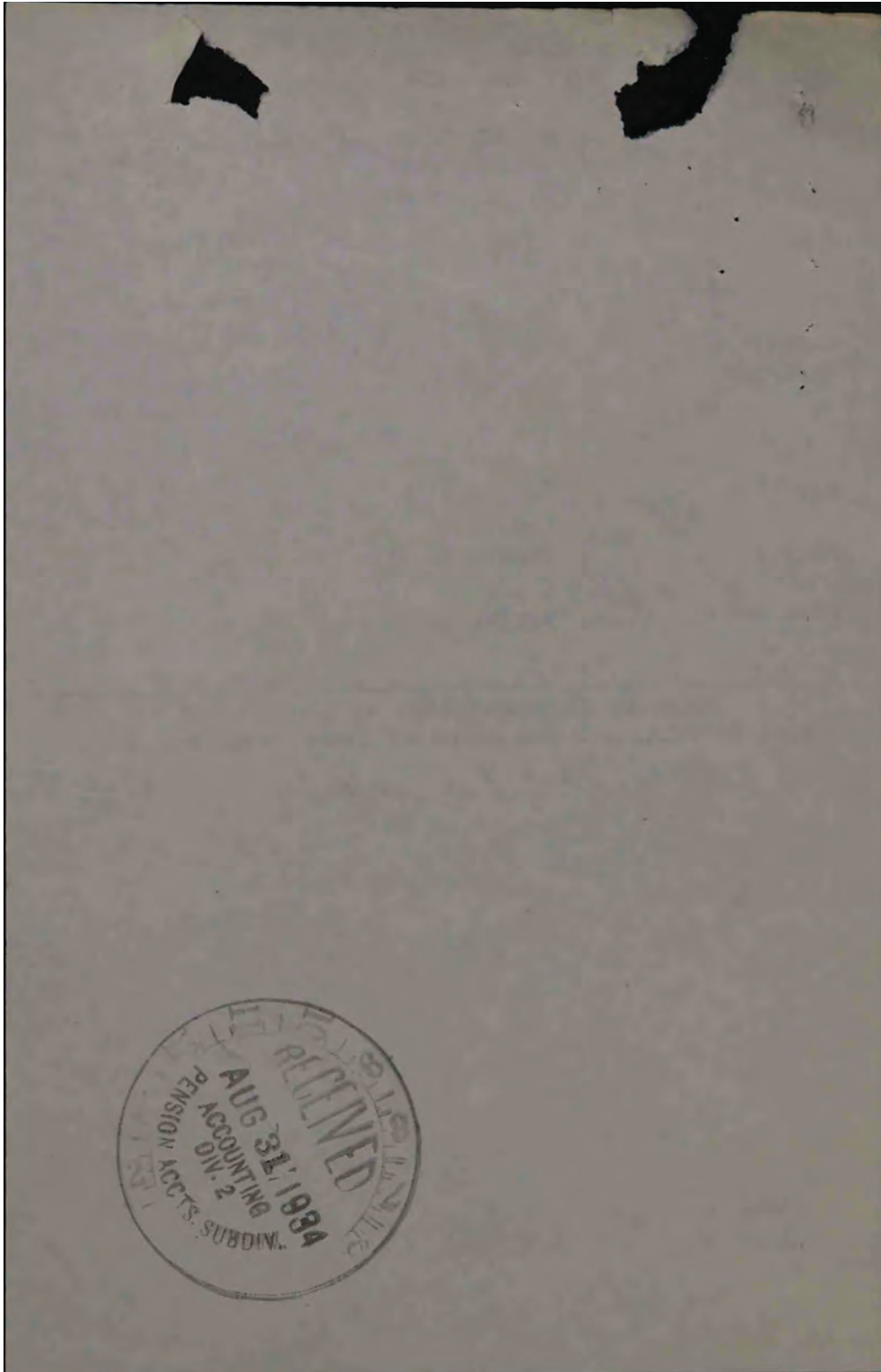
Data for Correspondence or Disposition

(Must be initialed and dated by clerk supplying data)

*A-a 36<sup>62</sup> 7/1/33 Adm. v. a. f. Los Angeles Calif 7/2/31*  
*40<sup>00</sup> 1/19/34*

*620*





VETERANS ADMINISTRATION  
Oklahoma City, Oklahoma  
August 11, 1934

In reply refer to: 1.2-1

Director of Pensions,  
Veterans' Claims Service,  
Washington, D. C.

McINTIRE, Clide C.

(b)(6) b)(6) ..

Dear Sir:

Mr. Clide C. McIntire, of 213 N. Boston Street, Tulsa, Oklahoma, called at this office and stated that he was a Spanish-American war veteran and that he formerly drew \$50.00 a month pension before the passage of the Economy Act; that he was informed he would be reinstated at the rate of \$40.00 a month. He wishes that you would write him the complete status of his case as he does not understand the various adjustments of the checks that he has received.

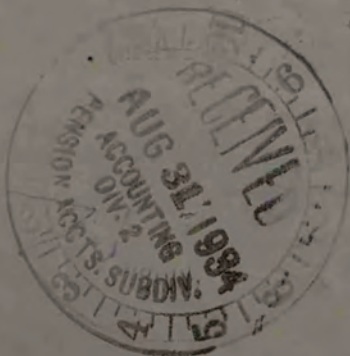
It is kindly requested that you give him a complete report of the payments to which he is entitled and the present status of his case.

Very truly yours,

H. B. GILSTRAP,  
Manager,  
Oklahoma City, Oklahoma.

C O P Y





Form 3229

15-465

VETERANS ADMINISTRATION

MEMORANDUM

From Director, Veterans' Claims Service, Date August 24, 1934.  
To Director of Finance, MCC-Bg  
Subject McINTIRE, Clide C. (b)(6)

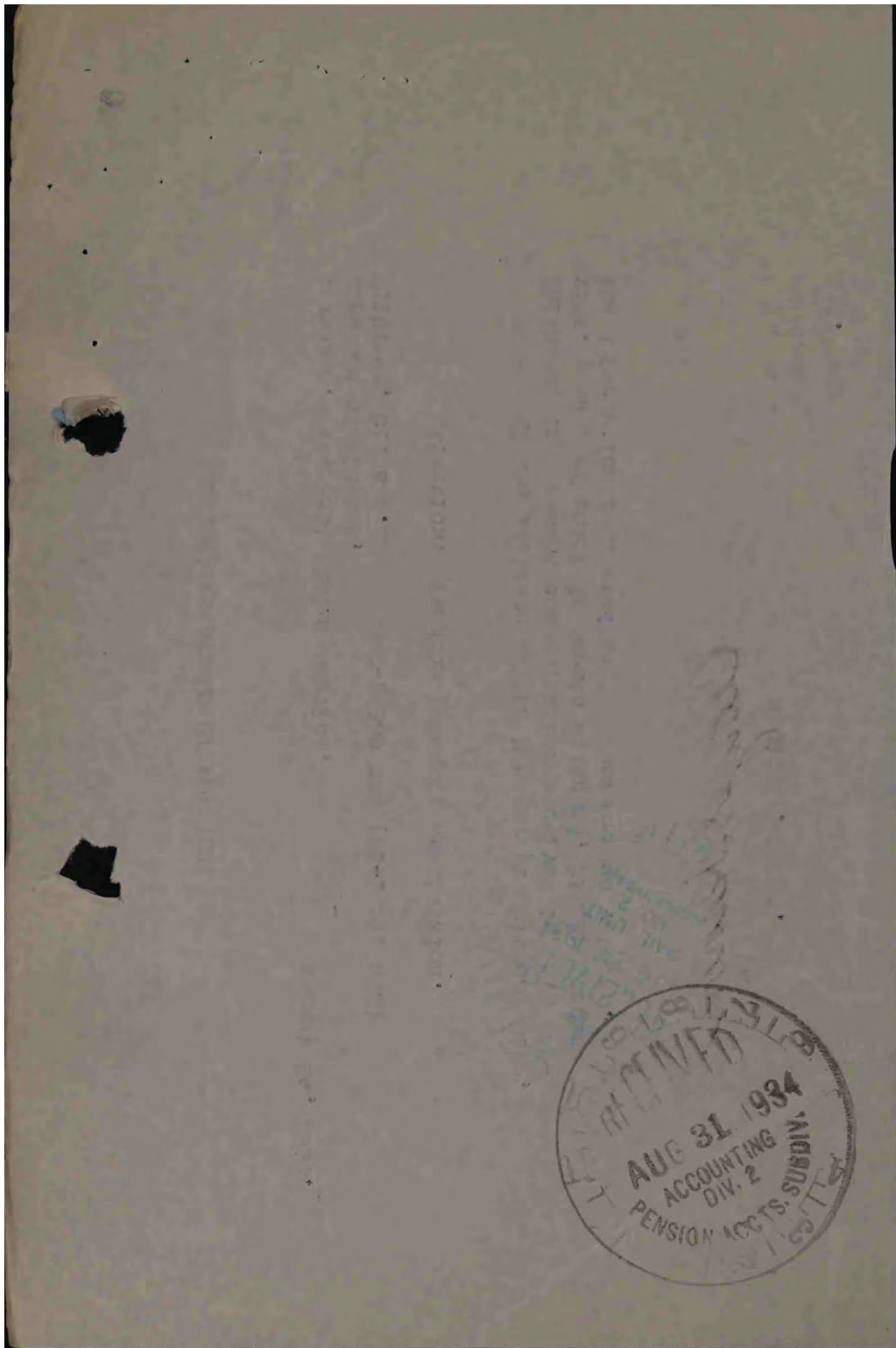
Attention: Pension Accounts Subdivision.

At the instance of the Manager at Oklahoma City, Oklahoma, in a recent communication received in this Service, a copy of which is hereto attached, kindly furnish the information requested to the above named veteran.

*George E. Brown*  
GEORGE E. BROWN.

Att. Copy





Director, Veterans' Claims Service,  
Director of Finance,  
McINTIRE, Clide C.

August 24, 1934.

MCC-Bg

(b)(6)

Attention: Pension Accounts Subdivision.

At the instance of the Manager at Oklahoma City, Oklahoma, in a recent communication received in this Service, a copy of which is hereto attached, kindly furnish the information requested to the above named veteran.

GEORGE E. BROWN.

Att. Copy

*WFM*

ANSWERED WITHOUT THE CASE FILE

*WFM*

CVM:eb



August 24, 1934.

MCC:Bd

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

This is in response to your letter of July 5, 1934.

You are advised that you will be entitled to pension payments at the full rate from date of your discharge from the hospital, but your payments have been reduced to \$28.00 monthly from July 1, 1934, as your wife has filed a claim for apportionment, alleging that you were not living with and supporting her.

If you wish to contest her claim, you may furnish affidavits to show why she should not be entitled to receive 30 percent of the total amount due.

Respectfully,

GEORGE E. BROWN  
Director, Veterans' Claims Service.

AFS:AB *am*



August 24, 1934.

MCC:Bd

Mrs. Bessie L. McIntire,  
1259 E. Federal Avenue,  
West Los Angeles, California.

(b)(6)

Dear Madam:

This is in response to your letter of July 25, 1934.

It appears that you were married three times before your marriage to the above veteran and you have submitted proof of termination of only one of your prior marriages. It will, therefore, be necessary that you secure certified copies of divorce decrees or certified copies of death certificates, showing termination of your other two prior marriages. It also appears from your certificate showing marriage to the above veteran that he was previously married twice, and it will therefore be necessary that you secure proof of termination of each of his prior marriages in the form of a certified copy of divorce decree or of death certificate, whichever is applicable.

Respectfully,

GEORGE E. BROWN  
Director, Veterans' Claims Service.

AVS:AB





VETERANS ADMINISTRATION

Oklahoma City, Oklahoma  
August 11, 1934

YOUR FILE REFERENCE:

IN REPLY REFER TO: 1.2-1

Director of Pensions,  
Veterans' Claims Service,  
Washington, D. C.

McINTIRE, Clide C.

(b)(6)

(b)(6)

(b)(6)



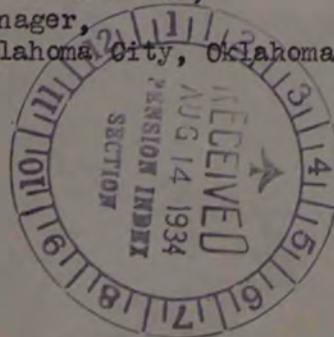
Dear Sir:

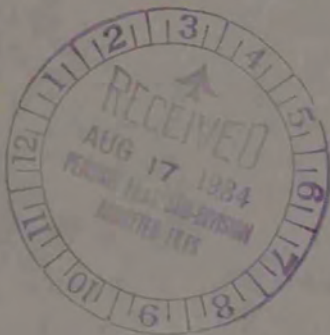
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It is kindly requested that you give him a complete report of the payments to which he is entitled and the present status of his case.

Very truly yours,

*H. B. Gilstrap*  
H. B. GILSTRAP,  
Manager,  
Oklahoma City, Oklahoma







STATE OF CALIFORNIA }  
COUNTY OF SAN BERNARDINO } ss.

I, FULTON G. FERAUD, County Recorder in and for the County of San Bernardino,  
State of California, do hereby certify that the foregoing is a full, true and correct copy of  
the Marriage Certificate recorded in book  
65 of Marriage Licenses page 268 of San Bernardino  
County Records.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, this  
29th day of June, 1934.

FULTON G. FERAUD, County Recorder  
By Fulton G. Feraud Deputy Recorder.

*Valencia*

NOTICES OF INTENTION TO WED  
McINTIRE-COMPTON—Clide C. Mc-  
Intire, 51, Kansas, resident of Saw-  
telle, and Mrs. Bessie Louise Woods  
Compton, 41, resident of Los An-  
geles.

MARRIAGE  
County of San Bernardino

STATE OF CALIFORNIA  
DEPARTMENT OF PUBLIC HEALTH  
VITAL STATISTICS

State Index No. \_\_\_\_\_  
Local Registered No. 133

STANDARD CERTIFICATE OF MARRIAGE  
PERSONAL AND STATISTICAL PARTICULARS

GROOM		BRIDE	
1 FULL NAME Clide C. McIntire		14 FULL NAME Bessie Louise Compton	
2 RESIDENCE Soldiers Home Sawtelle West.L.A.-		15 RESIDENCE (b)(6)	
3 COLOR OR RACE White	4 AGE AT LAST BIRTHDAY 57 (Years)	16 COLOR OR RACE White	17 AGE AT LAST BIRTHDAY 41 (Years)
5 SINGLE, WIDOWED OR DIVORCED Divorced	6 NUMBER OF MARRIAGE 2	18 SINGLE, WIDOWED OR DIVORCED Divorced	19 NUMBER OF MARRIAGE 3
8 BIRTHPLACE (State or country) Kansas		20 BIRTHPLACE (State or country) Kansas	
9 OCCUPATION (a) Trade, profession, or particular kind of work Boiler Maker (b) General nature of industry, business, or establishment in which employed (or employer) -		21 OCCUPATION (a) Trade, profession, or particular kind of work Cosmotologist (b) General nature of industry, business, or establishment in which employed (or employer) -	
10 NAME OF FATHER Thomas McIntire		22 NAME OF FATHER George Woods	
11 BIRTHPLACE OF FATHER (State or country) Ohio		23 BIRTHPLACE OF FATHER (State or country) New York	
12 MAIDEN NAME OF MOTHER Katherine Raynard		24 MAIDEN NAME OF MOTHER Julia Wyatt	
13 BIRTHPLACE OF MOTHER (State or country) Virginia		25 BIRTHPLACE OF MOTHER (State or country) Kansas	

26 MAIDEN NAME OF BRIDE, IF SHE WAS PREVIOUSLY MARRIED Bessie L. Woods

WE, the groom and bride named in this Certificate, hereby certify that the information given therein is correct, to the best of our knowledge and belief.

Clide C. McIntire 27 Groom Bessie Louise Compton 28 Bride

29 CERTIFICATE OF PERSON PERFORMING CEREMONY

I HEREBY CERTIFY that Clide C. McIntire and Bessie Louise Compton were joined in marriage by me

in accordance with the laws of the State of California, at San Bernardino

this 24 day of February 19 33

Signature of Witness to the Marriage } R.A.Wickizer  
San Bernardino Calif.  
Residence }  
Signature of Person Performing the Ceremony } J.W.Moore  
Official position } Justice of the Peace

30 FILED  
Feb 24 1933 Fulton G.Feraud  
Registrar (County Recorder) Highland  
Residence

MARGIN RESERVED FOR BINDING

WRITE PLAINLY WITH UNFADING INK—THIS IS A PERMANENT RECORD

Certificate of marriage must be obtained in addition to marriage license and be filled out in presence of County Clerk issuing license. Civil Code, § 69a.

Certificate must be filed with County Recorder by person performing ceremony within three days thereafter. Political Code, § 3076.

Certificate can not be accepted for filing after period of one year from date of event except by authority of Superior Court order judicially establishing fact of the marriage. Statutes 1915, Chapter 378, page 575, as amended 1917, Chapter 548, page 717, Section 21 (b), and Statutes 1919, Chapter 273.

W.B.Gillespie  
Deputy County Clerk  
Filed out in the presence of



CERTIFICATES OF MARRIAGE together with the completed MARRIAGE LICENSE must be filed PROMPTLY with (and blanks may be obtained from) the COUNTY RECORDER, who is the sole Local Registrar for marriages.

Each Local Registrar (County Recorder) must transmit all original certificates registered by him for any month to the State Registrar at Sacramento, California, on the FIFTH day of the following month.

### EXTRACTS FROM REGISTRATION LAW (Condensed)

Civil Code, § 69a, Political Code, §§ 3076, 3078 and 3082, and  
Statutes of California, 1915, Chapter 378, page 575,  
as amended, Statutes 1917, Chapter 548, page 717, and  
Statutes 1919, Chapter 273.

#### CIVIL CODE

§ 69a. All persons about to be joined in marriage must obtain from the county clerk, in addition to the marriage license, a certificate of marriage which shall be filled out in the presence of the county clerk issuing the marriage license.

#### POLITICAL CODE

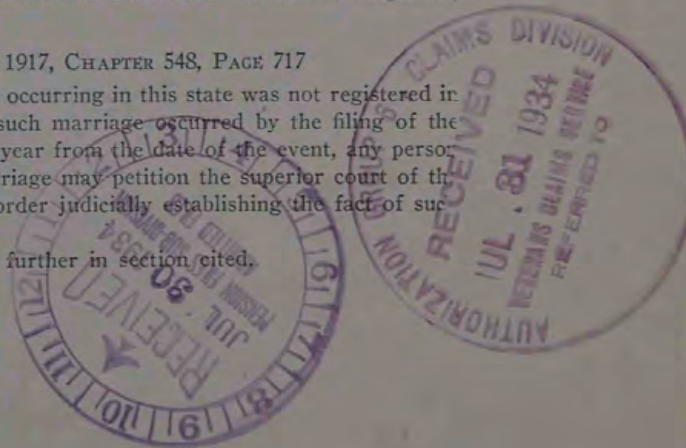
§ 3076. All persons who perform the marriage ceremony in this state, shall, within three days after the ceremony, file with the county recorder as local registrar, this certificate, properly filled out for the marriage performed by them.

§ 3082. Any officer or person who fails, neglects or refuses to perform any of the duties imposed upon him under the law for the registration of marriages or by the instructions and directions of the state registrar, shall be deemed guilty of a misdemeanor.

#### STATUTES 1915, CHAPTER 378, PAGE 575, AS AMENDED, 1917, CHAPTER 548, PAGE 717

SEC. 21. (b) If it shall develop that for any cause any marriage occurring in this state was not registered in conformity with the provisions of law in effect at the time when such marriage occurred by the filing of the certificate therefor with the local registrar within a period of one year from the date of the event, any person beneficially interested in establishing of record the fact of such marriage may petition the superior court of the county in which such marriage is alleged to have occurred for an order judicially establishing the fact of such marriage.

Necessary procedure, similar to probate proceedings, described further in section cited.



IN THE DISTRICT COURT OF SEDGWICK COUNTY, KANSAS.

BESSIE COMPTON,

PLAINTIFF,

VS. # 60815.

DEAN B. COMPTON,

DEFENDANT.

JOURNAL ENTRY OF JUDGMENT.

NOW on this the 1st day of October, 1926, the above cause comes on regularly for trial, plaintiff being present in person and by her attorneys, Foulston, Holmes, Eaton, Siefkin & Foulston, and the defendant appearing not, but wholly making default herein;

THEREUPON the Court examines the service herein and finds that due and proper publication service has been made and that thereafter the defendant entered his appearance in said cause.

Thereupon the plaintiff introduces her evidence and rests, and the Court, from the evidence finds the issues in favor of the plaintiff and against the defendant and further finds that an emergency exists herein which requires the hearing of said cause prior to the expiration of the sixty day period.

IT IS THEREFORE CONSIDERED, ORDERED AND ADJUDGED, That the plaintiff be granted an absolute divorce from the defendant, provided, however, that said divorce shall not be in full force and effect until six months from the date hereof.





It is further ordered that the plaintiff be granted the care, custody and control of the minor child of the parties hereto.

It is further ordered, that the plaintiff's former name of Clarkson be restored to her.

It is further Ordered that the plaintiff have judgment against the defendant for her costs herein, taxed by the Clerk at \$7.25.

Grover Pierpont,  
Judge.

APPROVED:

Foulston, Holmes, Eaton, Siefkin & Foulston,

By - - George Siefkin,

Attorneys for plaintiff.

Certificate of Clerk of the District Court. The above is a true and correct copy of the original instrument of which is on file or of record in this court. Done this 28 day of June, 1934.  
A. E. Jacques, Clerk, By A. E. Jacques Deputy





60815.

Bessie Compton,

Plaintiff

Vs.

Dean B. Compton,

Defendant.

Journal Entry of Judgment

Filed

Oct. 1, 1926

A. E. Jacques, Clerk

G. N. Deputy

File reference

MCC - B.

McIntire, Clyde C.

(b)(6)

West L. A. Calif.

July 25. 1934

Mr. George E. Brown -

Director - Veterans Claim Service -

Dear Sir - I write to the Court  
Clerk of Wichita, Kansas for  
Certified Copies of divorce, I  
received this one, I obtained all  
in that place & do not understand why  
he only sent the one - I was divorced  
from Dean B. Compton in June  
1920 & from Arthur J. Clarkson  
in July 1923 I think these dates  
are correct & from Dean  
B. Compton again in Oct. 1926  
as this Copy shows - I could  
write the atty. & have him look  
it up, would you please  
advise me if the other two will  
be received, I notice in the

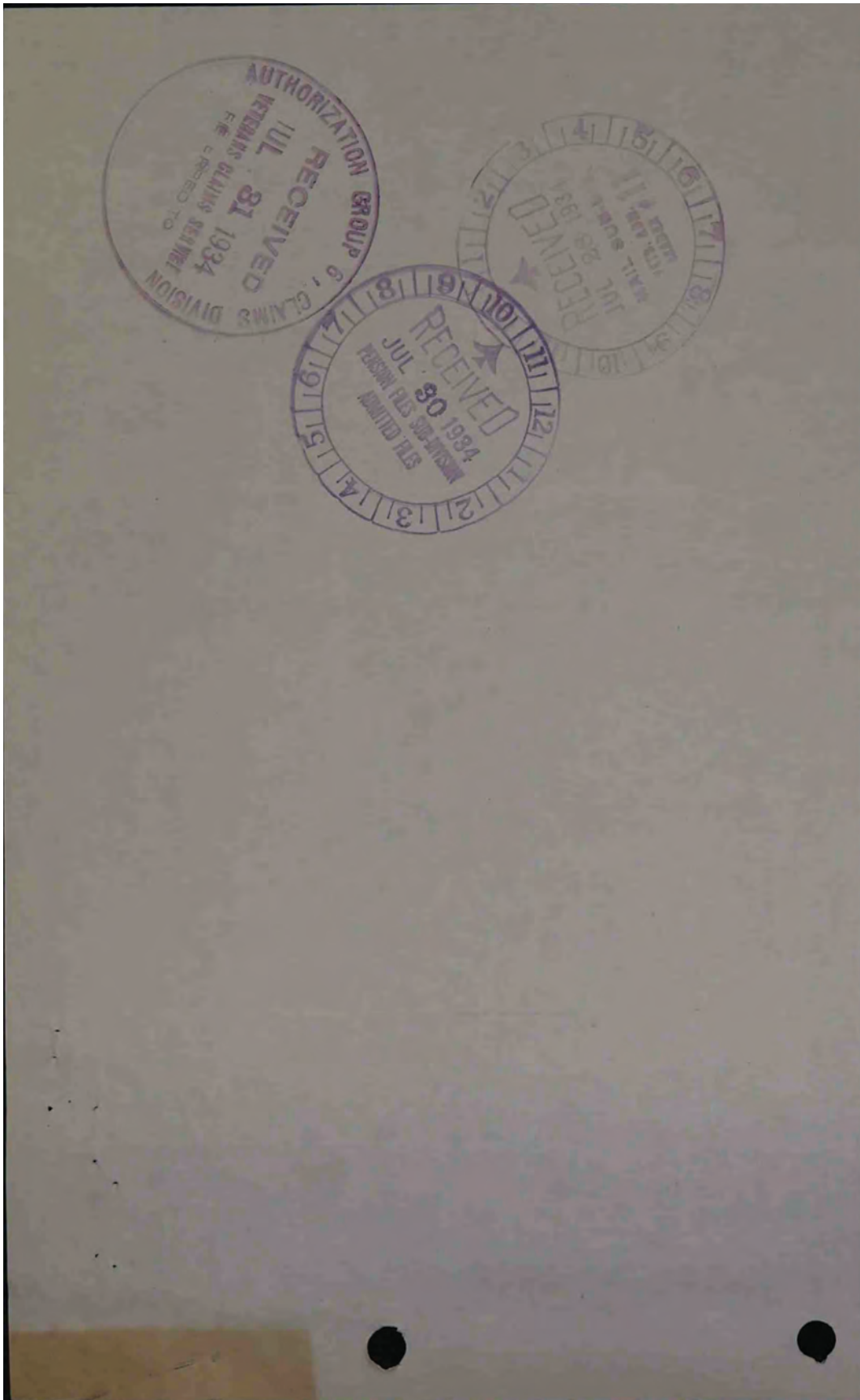




Copy of marriage to Elida C.  
Mr. Furtire The age is (57)  
I suppose a misprint - as  
he was (51) years of age at  
the time Aug. 21 1881.  
He had been divorced in  
1926 in Oklahoma,  
Thanking you I remain Resp.  
Mrs. Bernice L. Furtire

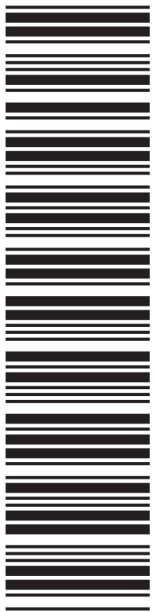
3  
10/10/11







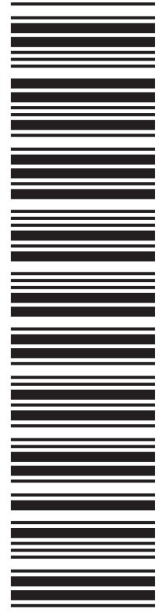
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**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*





# The American Legion

JOE CARSON POST No. ONE

1120 E. 8TH ST.

Tulsa, Oklahoma

OFFICE OF  
POST ADJUTANT  
G. T. BUCKLEY

## PAST COMMANDERS:

HORACE HAGAN	1919
JOHN ROGERS	1920
W. L. EAGLETON	1921
R. A. BEARD	1922
ALVA J. NILES	1923
CHARLES ALLEN	1923
C. S. SUMMERS	1924
E. L. ALLISON	1925
AL CHAPMAN	1926
J. A. PORTER	1927
P. J. HURLEY	1928
V. F. BARNETT	1929
GUY C. TETIRICK	1930
T. P. GILMER	1931
W. W. EASTMAN	1932
GEO. L. WATKINS	1933
L. W. McFETRIDGE	1934

July 5, 1934

(b)(6)

Mr. George E. Brown, Director,  
Veterans Claims Service,  
Washington, D. C.

In Re: Clide C. McIntire

(b)(6)

Dear Sir:

Please be advised that I was discharged from the  
Veterans Administration Facility, National Military Home,  
Los Angeles, on Mar. 30th, 1934, as per Discharge attached.

Since my discharge I have been paid at the rate of  
\$15.00 per month. It is my understanding that when dis-  
charged from a facility I am entitled to my full pension.  
According to this I am entitled to full pension for April,  
May and June.

Will thank you to kindly see that I am reinstated on  
the rolls at my full rate of pension and oblige.

Yours very truly,

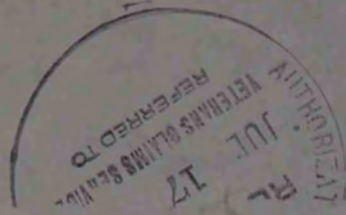
*Clide C. McIntire*

213 N. Boston,  
Tulsa, Okla.



*For Mr. Brown*







Phil. Ins.

(b)(6)

## DECISION OF QUESTIONS OF FACT AND LAW

Supplemental Award Brief Face—Disability or Death Pension

Glide C. McIntire

(Name of veteran)

Corporal Co. A. 44th US Vol. Inf.

(Rank and organization)

Glide C. McIntire same address

(Name and address of payee)

Class of pension now being paid Part 1 Disability-

Date on which basic decision of fact and law was approved 3-19-34

If award is increased, give date evidence of entitlement was received Claim of wife for apportionment.  
5-14-34.

REASON FOR AMENDMENT (to be followed by additional remarks and information where necessary):

Rating dated 3-3-34 by Central Rating Board. Reg. 1 (a), Part 1, Par. 1 (a). Reg. 10 (c). Reg. 6. Soldier and wife estranged since January 1934.

REVIEWED UNDER TITLE III,  
PUBLIC ACT 141, 73d CONGRESS  
MARCH 28, 1934

Pursuant to the above the claimant is entitled to the following award of pension under the provisions of the act of March 20, 1933, Public, No. 2, as amended:

NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE	NEW AWARD	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
	\$28.00	7-1-34					

Submitted June 22, 193 4

*J. M. [Signature]*  
Adjudicator

Title

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I of the act of March 20, 1933, Public, No. 2, as amended, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved June 22, 193 4

*[Signature]*  
Title Authorization Officer



June 20, 1934

MCC-Bc

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

Your wife has filed a claim for a portion of your pension, and states that you have been separated since January 8, 1934, and that you are not contributing to her support with the exception of \$25.00.

It is necessary to reduce your pension to \$28.00 per month beginning July 1, 1934, and withholding \$12.00 for your wife until it is determined whether she will be entitled to this amount. If you wish to contest her claim, you may furnish affidavits to show why she may not be entitled to receive thirty per cent of the total amount due.

If you do not care to contest her claim, it will not be necessary for you to take any action at all.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JMC/kap



5515

35796

**Veterans Administration Facility**  
**National Military Home, California**

**DISCHARGE.**

Mar 30, 1934

Glide C McIntire

A 44 th USV Inf. 193

, Late Co., Regt

Admitted to the Home Na Jan 28m. 931, is hereby

discharged on account of OR

*[Handwritten signature in red ink]*

Manager.

Santa Monica, Calif.—6-20-33—2000

June 20, 1934

MCC-Bc

Mrs. Bessie Louise McIntire,

(b)(6)

McINTIRE, Clide C.

(b)(6)

Dear Madam:

Receipt is acknowledged of your claim for an apportioned share of the pension of your husband, with whom you are not living at this time.

You state that the veteran was married prior to his marriage to you, and that you were married several times prior to your marriage to him. It will be necessary for you to furnish the proof of the dissolution of all marriages, and also a certified copy of the public record of your marriage to the soldier. If the dissolution of these marriages was caused by deaths, certified copies of the death records should be furnished, and if by divorces, certified copies of the divorce decrees should be furnished.

Respectfully,

GEORGE E. BROWN,  
Director, Veterans' Claims Service.

JMC/kap





VETERANS ADMINISTRATION

WASHINGTON

June 20, 1934

YOUR FILE REFERENCE:

IN REPLY REFER TO: MCC-Bc

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

Your wife has filed a claim for a portion of your pension, and states that you have been separated since January 8, 1934, and that you are not contributing to her support with the exception of \$25.00.

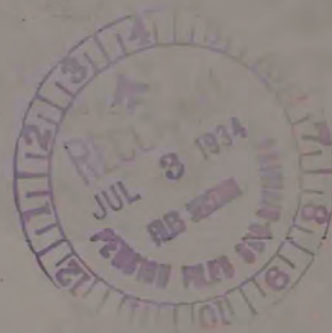
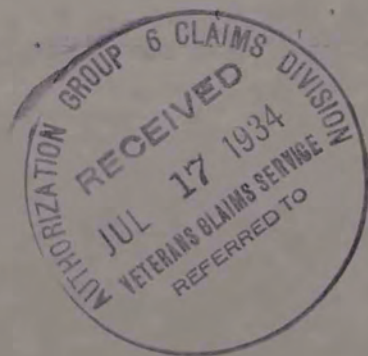
It is necessary to reduce your pension to \$28.00 per month beginning July 1, 1934, and withholding \$12.00 for your wife until it is determined whether she will be entitled to this amount. If you wish to contest her claim, you may furnish affidavits to show why she may not be entitled to receive thirty per cent of the total amount due.

If you do not care to contest her claim, it will not be necessary for you to take any action at all.

Respectfully,

*George E. Brown*  
GEORGE E. BROWN,

Director, Veterans' Claims Service.





(b)(6)

FILE NO (b)(6)

# APPLICATION FOR APPORTIONMENT OF PENSION OR EMERGENCY OFFICERS' RETIREMENT PAY BY A WIFE AND/OR CHILD OR CHILDREN

UNDER ACT OF MARCH 20, 1933, TITLE I, PUBLIC ACT NO. 2, SEVENTY-THIRD CONGRESS (EXECUTIVE  
ORDER OF MARCH 31, 1933, VETERANS' REGULATION NO. 6, PARAGRAPH VII)

**PROOF OF MARRIAGE.**—Wife must furnish a certified copy of the public record of marriage. A wife who was previously married must furnish a certified copy of the public record of death of the former husband, or a certified copy of court decree of divorce from such spouse. If soldier was previously married, similar proof of dissolution of such marriage must be forwarded.

**PROOF OF RELATIONSHIP OF CHILD.**—There must be furnished a certified copy of the public record of birth of the child. If a child is legally adopted, a certified copy of the court order of adoption must be forwarded also.

**GUARDIANSHIP.**—If claim is made by a guardian, he must sign the claim in his official capacity, and forward in addition to other evidence required, letters of guardianship over the seal of the court making appointment.

## PENALTIES PROVIDED IN PUBLIC ACT NO. 2, SEVENTY-THIRD CONGRESS

**SECTION 14.**—"That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both."

**SECTION 15.**—"Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than one year, or both."

I, MCINTIRE (Print clearly) (Last name) James (First name) Levis (Middle name)

hereby make application for apportionment as the \_\_\_\_\_ of the veteran described below.

1. (a) Name of veteran James Levis McIntire (b) Race White (c) File No. \_\_\_\_\_

2. (a) Was veteran married prior to his marriage to you? yes When and where? 1911 - 1922 - 1925

(b) Were you married prior to your marriage to the veteran? yes When and where? Los Angeles, California

(c) Has your marriage to the veteran been dissolved? \_\_\_\_\_ When and where? \_\_\_\_\_

3. For each of the veteran's unmarried legitimate or legally adopted children under 18 years of age give the facts required below:

NAME OF CHILD	DATE OF BIRTH			NAME AND ADDRESS OF PERSON HAVING CUSTODY OF EACH CHILD
	DAY	MONTH	YEAR	
<u>None</u>				

(See instructions above for proof of relationship.)

15-653



4. If there is a child who, prior to reaching age of 18, became permanently incapable of self-support by reason of mental or physical defect, give name and address of custodian \_\_\_\_\_
5. (a) Value of all property, real and personal, including cash on hand and in bank owned by the wife.

DESCRIPTION AND LOCATION OF PROPERTY	VALUE	ENCUMBRANCE OF PROPERTY	MONTHLY INCOME FROM SUCH PROPERTY
	\$	\$	\$

- (b) In the space below state the total average monthly income of the wife since the separation and the sources of such income, as wages or salary, rent, interest, dividends, sale of merchandise, stock, or other property.

AMOUNT PER MONTH	SOURCE
\$ 15.00 + rent	for care of court

- (c) In the space below state the total monthly expense for the last year and the purpose for which paid out.

AMOUNT PER MONTH	PURPOSES FOR WHICH PAID OUT
\$ 50.00	Rent gas food clothing

- (d) Are there any persons living in your household dependent solely upon you for support? no If so, state names, ages, and relationship to you \_\_\_\_\_
6. Have you ever before filed a claim for any benefit from the United States? no If so, give full particulars, including date, place, full name of claimant, file number, and full name of person on account of whose service each claim was filed. \_\_\_\_\_
7. Are payments now being received by reason of any claim mentioned in (6) above? no If so, give particulars, including file number \_\_\_\_\_
8. Are you now employed in any capacity by the United States Government, or the municipal government of the District of Columbia, or under any corporation, the majority of the stock of which is owned by the United States? no If so, give details \_\_\_\_\_
9. (a) Have you and the veteran been estranged? yes (b) On what date did you last live together as husband and wife? January 8, 1934 (c) Has the veteran since that date contributed to the support of you and the children? no How much? \$5.00
10. Are you or any child of the veteran being maintained in an institution by the United States or any political subdivision (State, county, city, etc.) thereof? no

I make the foregoing statements, as part of my claim, with full knowledge of the penalty provided for making a false statement.

Bessie L. McIntire  
(Signature of claimant)

(b)(6)

Subscribed and sworn to before me this 9th day of May, 1934  
by Bessie L. McIntire, claimant,  
to whom the statements herein were fully explained.

[SEAL]

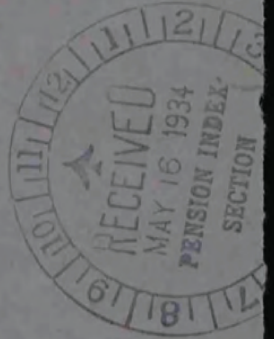
CHARLES E. BINDER  
NOTARY PUBLIC  
ADMINISTRATIVE

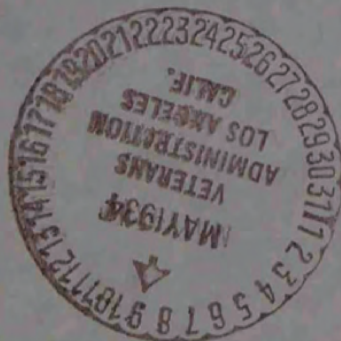
15-656

Notary Public.

Chas. Binder  
Contract Rep.









# FACILITY STATUS OF CLAIMANT

DAH

From: Chief, Accounting Division  
To: Chief, Budget and Statistics

Date 4-11-34

Name of Claimant: Clide, C. ma Entire No **(b)(6)**

Class Doc Rate 50.00 Facility V. A F Los Angeles Calif

You are requested to furnish this division with a report showing the facility status of the veteran named above as to admissions, discharges and furloughs for the period fr 1/27/31 to date.

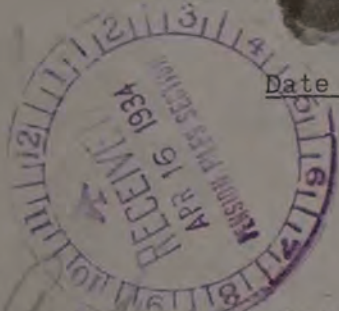
To: Chief, Accounting Division  
Facility Va F. Calif Date of Admission 1-28-31

Furlough

Date of Discharge

Veterans Administration  
Finance Form 1443

By S. Smith Date 4-12-34  
Budget and Statistics



APR 24 1934

*File*

E. minor  
WM. H. HODGES

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

VETERANS ADMINISTRATION

Form 537

Rev. Nov., 1931

CHANGE OF NAME OR ADDRESS NOTICE

(b)(6)

I.....  
A.....  
K.....  
(b)(6) 50

Date..... March 28, 1934

From.....

Accounting  
Disbursing

(Designate Division of Central or Regional Office preparing form)

To.....

(Indicate activity to which to be forwarded—Central Office or Regional Office)

Subject: Change Address—(Name)—under.....

(Cross out one not applicable) (Term, Converted or Automatic Ins.; Disability, Death, or Adjusted Comp.; Disability Allow.; Pension)

1. Present full name of payee..... Clide C. McIntire

2. Former address.....

3. New address..... (b)(6)

4. Person in service.....

5. Former name of payee.....

L 3-19-34 cck

Submitted by.....

(Signature)

(Official title)

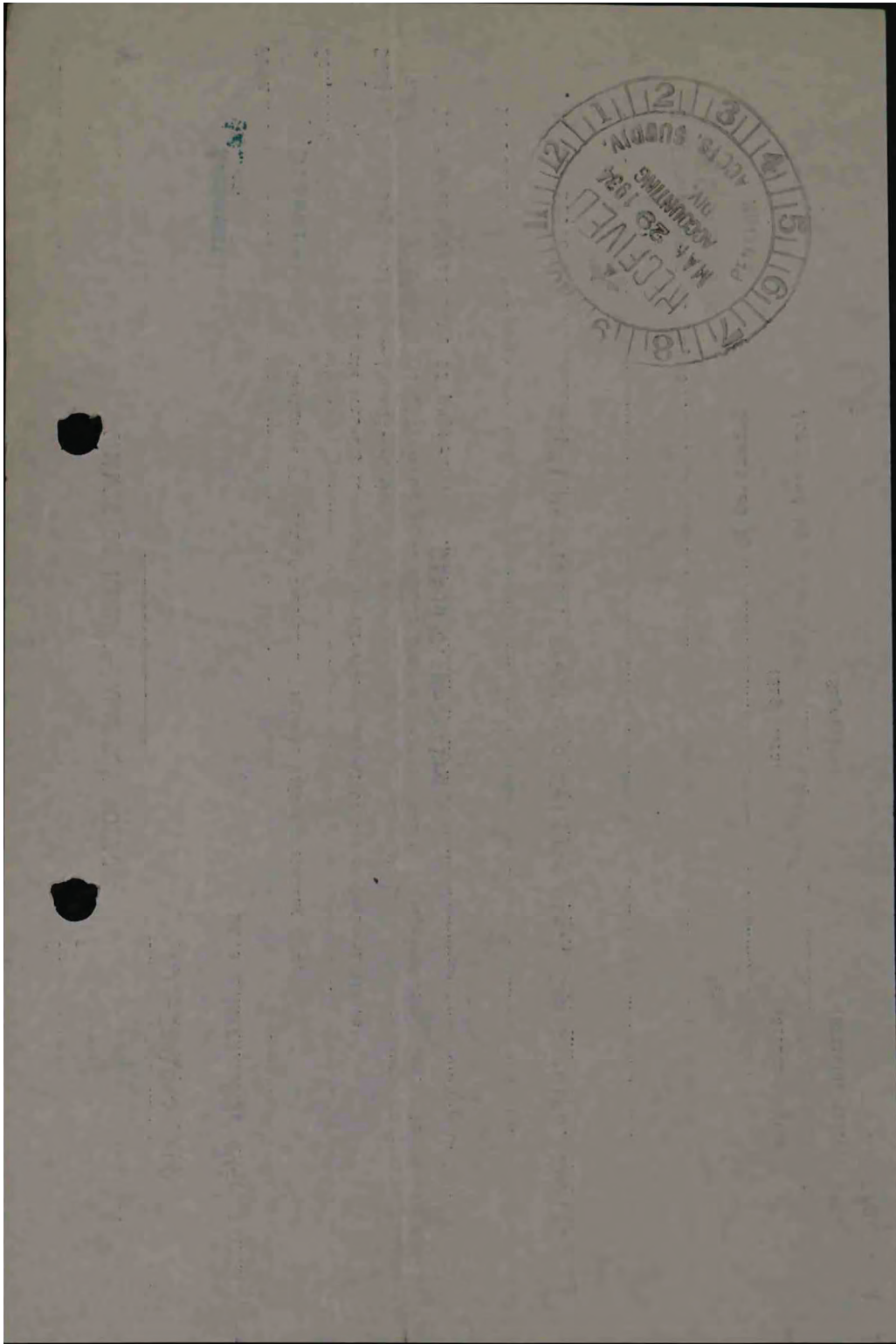
Approved by.....

(Signature)

(Official title)

R.O. No. .... )





March 17, 1934.

MCC-Bf

Mr. Clide C. McIntire,

(b)(6)

(b)(6)

Dear Sir:

With reference to your pension claim, please be informed that a decision has been rendered in your case after a review of all the evidence in your file, to the effect that you are entitled to \$36.00 per month from July 1, 1933, to January 18, 1934, and \$40.00 per month from January 19, 1934, by reason of your war time service connected disability, and an award has been approved in your favor for the above amount.

Respectfully,

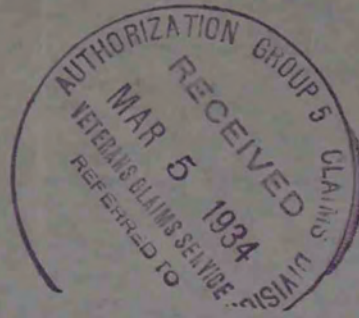
GEORGE E. BROWN  
Director, Veterans' Claims Service.

*ML*  
ML/jn











CENTRAL RATING BOARD.  
~~CENTRAL OFFICE RATING SHEET~~

WASHINGTON, D. C.

Date..... MAR 3 1934

(b)(6)

MCC-A-kbg.

In re: McINTIRE, Clyde C.  
(Claimant's name)

(b)(6)

(Address)

Date of enlistment..... 9-6-22..... Date and nature of discharge..... 6-30-01.....  
Date of last examination..... 2-17-31..... Date of death.....  
Occupation at enlistment..... Analogous to.....

Rating:

Thirty percent (30%) from July 1, 1933. ✓  
Incident to service, Regulation No. 12, ✓  
Presumption not rebutted PI ✓  
1036 Myocarditis, Class 11. ✓

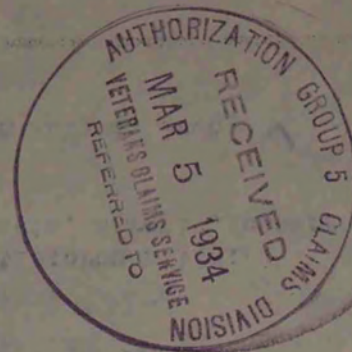
Ten percent (10%) from July 1, 1933.  
Incident to service, Regulation No. 12,  
Presumption not rebutted PI  
1138 Arthritis, chronic. ✓

4 Not incident to service, Regulation No. 12,  
Presumption rebutted. PI -  
Cholecystitis; bronchitis; prostatic hypertrophy; pes planus;  
Otitis media, chronic catarrhal; neurasthenia.

Fifty percent (50%) disabled from January 19, 1934.  
Reg. 1 (c), Part III, Para. 1 (h)  
1036 Myocarditis, class 11.  
1138 Arthritis, chronic.  
Cholecystitis; bronchitis; prostatic hypertrophy; pes planus;  
Otitis media, chronic catarrhal; neurasthenia.

(D) Not permanent and total  
Reg. 1 (a), Part III, Para. 1 (a)  
Myocarditis; arthritis, chronic; cholecystitis; bronchitis;  
prostatic hypertrophy; pes planus; otitis media, chronic, catarrhal;  
neurasthenia.

COMBINED RATING: Forty percent (40%) from July 1, 1933. ✓  
(continued on page 2)



1. [illegible]  
2. [illegible]  
3. [illegible]  
4. [illegible]  
5. [illegible]

6. [illegible]  
7. [illegible]  
8. [illegible]  
9. [illegible]  
10. [illegible]

11. [illegible]  
12. [illegible]  
13. [illegible]  
14. [illegible]  
15. [illegible]

16. [illegible]  
17. [illegible]  
18. [illegible]  
19. [illegible]  
20. [illegible]

21. [illegible]  
22. [illegible]  
23. [illegible]  
24. [illegible]  
25. [illegible]

26. [illegible]  
27. [illegible]  
28. [illegible]  
29. [illegible]  
30. [illegible]

31. [illegible]  
32. [illegible]  
33. [illegible]  
34. [illegible]  
35. [illegible]

36. [illegible]

37. [illegible]

38. [illegible]

39. [illegible]  
40. [illegible]

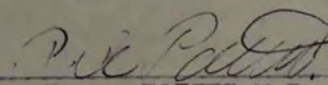


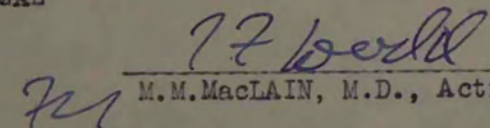
(b)(6)

McINTIRE, Clide C.

Reviewed under 1933 Rating Schedule, 2nd edition.

  
LEGAL

  
P. A. POTTER, M.D.

  
M.M. MacLAIN, M.D., Acting Chairman.





(b)(6)

FILE COPY

## DECISION OF QUESTIONS OF FACT AND LAW

Disability Pension Brief Face—War-Time Service

*Clide C. Mc Intire* (Name of veteran) *Epl. Co 9. 4445 Val Inf* (Rank and organization)

Date entered service *9-6-99* Date claim filed *8-14-28*

Date separated *6-30-90*

Character of discharge *Hon* Name of disease or injury *Myocarditis*

Was the disability incurred in or aggravated in line of duty in active military or naval war-time service in the—

(a) Spanish-American War \_\_\_\_\_

(b) Philippine Insurrection *yes*

(c) Boxer Rebellion \_\_\_\_\_

(d) World War \_\_\_\_\_

If claim is for pension on account of service in Philippine Insurrection or Boxer Rebellion, was there actual participation in hostilities? *yes*

Has payee since date claim was filed been in receipt of (a) active service pay, (b) retirement pay, (c) retainer pay, (d) emergency officer's retirement pay, (e) any other pension? *50* If so, state which, and give date of discontinuance *6-30-33*

Is payee being furnished hospitalization or institutional or domiciliary care by the United States Government or any political subdivision thereof? *no*

Is payee holding any office, appointive or elective, under the Government of the United States, the municipal government of the District of Columbia, or any corporation the majority of stock of which is owned by the United States? *no*

Is there any evidence of record indicating that the payee is guilty of any of the forfeiture acts, such as conspiracy, fraud, etc.? *no*

If so, state which act \_\_\_\_\_

Is payee residing beyond the continental limits of the United States? *no*

If payee is entitled to rates in excess of the amount for total disability, state reason therefor, and the particular section and paragraph of the regulations which grants authority for payment of such amount. *no*

Is there any claim of the United States of record in the Veterans Administration subject to recovery or offset? \_\_\_\_\_ If so, state amount, \$ \_\_\_\_\_, and how to be recovered

If payments are to be made to a fiduciary, give—

(a) Name and designation of fiduciary \_\_\_\_\_

(b) Name of ward \_\_\_\_\_

(c) Date of appointment of fiduciary \_\_\_\_\_

(d) Name of court or official making appointment \_\_\_\_\_

FORWARDED TO:  
FINANCE SERVICE.

Award Typed Section,  
Claims Division

REMARKS: *Reg 20 12 - Rating 7 central Rating 8 dated 3-3-34*  
*Rev Reg 11c + 10c*

Pursuant to the above the claimant is entitled to the following award of pension under the provisions of the act of March 20, 1933, Public, No. 2, as amended:

NAME AND ADDRESS OF PAYEE	MONTHLY PAYMENT	COMMENCING DATE	ENDING DATE
<i>Clide C. Mc Intire</i>	<i>\$36-</i>	<i>7-1-33</i>	<i>1-18-34</i>
<i>same</i>	<i>\$40-</i>	<i>1-19-34</i>	

Submitted *3-19-*, 1934

Title \_\_\_\_\_

I, the undersigned, an officer of the Veterans Administration, duly and lawfully authorized to make decisions of questions of fact and law affecting any claimant to the benefits of title I, section 1 (a) and (b) and section 7 of the act of March 20, 1933, Public, No. 2, as amended, do hereby constitute, in pursuance of such authority, the foregoing statements as my decision of fact and law.

Approved *3/19/*, 1934

Title \_\_\_\_\_



(b)(6) (U)(3)

see your letter 12-1-33 MBAA

re-filing -

No medical report available; being under care  
and treatment only of Surgeon, NATIONAL MILITARY HOME, CALIF.  
kindly requisition such statement, if needed.

*Clide C. M. Gintire*  
*A 44 us v. hf.*

## VETERAN'S APPLICATION FOR PENSION FOR DISABILITY NOT THE RESULT OF SERVICE IN THE ACTIVE MILITARY OR NAVAL FORCES OF THE UNITED STATES

UNDER ACT OF MARCH 20, 1933

(Title I, Public Act No. 2, Seventy-third Congress)  
(Executive Order of March 31, 1933, Veterans' Regulation No. 1)

RECEIVED  
DEC 19 1933  
PENSION INDEX  
SECTION

### PENALTIES PROVIDED IN PUBLIC ACT NO. 2, SEVENTY-THIRD CONGRESS

SECTION 12.—“That whoever in any claim for benefits under this title or by regulations issued pursuant to this title, makes any sworn statement of a material fact knowing it to be false, shall be guilty of perjury and shall be punished by a fine of not more than \$5,000 or by imprisonment for not more than two years, or both.”

SECTION 13.—“That if any person entitled to payment of pension under this title, whose right to such payment under this title or under any regulation issued under this title, ceases upon the happening of any contingency, thereafter fraudulently accepts any such payment, he shall be punished by a fine of not more than \$2,000 or by imprisonment for not more than one year, or both.”

SECTION 14.—“That whoever shall obtain or receive any money, check, or pension under this title, or regulations issued under this title, without being entitled to the same, and with intent to defraud the United States or any beneficiary of the United States, shall be punished by a fine of not more than \$2,000, or by imprisonment for not more than one year, or both.”

SECTION 15.—“Any person who shall knowingly make or cause to be made, or conspire, combine, aid, or assist in, agree to, arrange for, or in any wise procure the making or presentation of a false or fraudulent affidavit, declaration, certificate, statement, voucher, or paper, or writing purporting to be such, concerning any claim for benefits under this title, shall forfeit all rights, claims, and benefits under this title, and, in addition to any and all other penalties imposed by law, shall be guilty of a misdemeanor and upon conviction thereof shall be punished by a fine of not more than \$1,000 or imprisonment for not more than one year, or both.”

SECTION 16.—“Every guardian, curator, conservator, committee, or person legally vested with the responsibility or care of a claimant or his estate, having charge and custody in a fiduciary capacity of money paid, under the provisions of this title, for the benefit of any minor or incompetent claimant, who shall embezzle the same in violation of his trust, or convert the same to his own use, shall be punished by a fine not exceeding \$2,000 or imprisonment at hard labor for a term not exceeding five years, or both.”

RECEIVED  
DEC 18 1933  
MAIL SUB-DIV.  
1933

15-633

CODED



I, McINTIRE, CLIDE C.

Address \_\_\_\_\_

(b)(6)

hereby make application for pension under the act of March 20, 1933, as the result of disease or injury not the result of service.

1. (a) Place of birth Sedgwick, Kansas. (b) Date of birth Aug 21 1878

2. Description of applicant as of date of this application: NOW PAST 55 years of age

Sex male Race white Weight 225 pounds. Height 6' inches.

Color of hair brown-gray Color of eyes brown Complexion ruddy

3. Make a cross (X) after branches of service you served in:

Army X, Navy \_\_\_\_\_, Marine Corps \_\_\_\_\_, Coast Guard \_\_\_\_\_

4. (a) Give following information about your active service and forward a certified copy of each certificate of discharge received:

Enlisted		Serial No.	Discharged		Rank and Organization	Character of Discharge
Date	Place		Date	Place		
9-6-99	Wichita, Kas.		6-30-01	Presidio, S.F. Calif.	Cpl "A" 44 Vol Inf.	honorable

(b) Have you ever been other than honorably discharged from any period of service in any branch of the military or naval service? no If answer is "Yes", state rank and organization at time of discharge, and the date and kind of such discharge \_\_\_\_\_  
(Yes or No)

NOTE.—If during any of the above periods you served under a name other than the one used in this application, indicate the name under which you served and the period of service \_\_\_\_\_

5. (a) Have you ever applied for any of the following benefits:

	Yes or No	Place of Application	Date	Claim Number
Disability compensation	no			
Disability allowance	no			
Retirement pay	no			
Retainer pay	no			
Insurance benefits	no			
Pension	YES	Chickasha, Okla	1928	
Hospitalization	no			
Domiciliary care	yes	NATIONAL MILITARY HOME, CALIF.	1930	

(b) Have you ever been physically examined for (1) The Veterans Administration? no (2) The former United States Veterans Bureau? no (3) The former Pension Bureau? yes Give date and place of last examination 1931 Los Angeles, Calif.

6. Nature of disability, on account of which disability pension is claimed heart, stomach & bowels, kidneys & bladder, rheumatism, etc, with causes and resultant ailments, etc.

7. Give full name and complete address of nearest relative wife: Bessie McIntire

(b)(6)



8. What is your trade or vocation? boil-er maker
- (a) Are you employed? yes If so, by whom? NATIONAL MILITARY HOME, CALIF.
- (b) I receive pension, retirement pay, Government insurance pay, in the amount of \$ none per month from the Veterans Administration Facility at \_\_\_\_\_, and I have other income averaging \$ 38.25 per month from the following sources: temporary light employment at NATIONAL MILITARY HOME, CALIF. see below.

(c) Names and addresses of former employers for last twelve months:

Name and Address of Employer	Dates of Employment		Earnings		Time Lost
	Beginning	Ending	Weekly	Monthly	
(1) <u>NATIONAL MILITARY HOME, CALIF.</u>	<u>1931</u>	<u>yet employed.</u>		<u>38.25</u>	<u>none</u>
(2) _____	_____	_____	_____	_____	_____
(3) _____	_____	_____	_____	_____	_____

- (d) Are you now holding any office or position, appointive or elective, under the United States Government, or the Municipal Government of the District of Columbia or under any corporation, the majority of stock of which is owned by the United States Government? yes  
If so, give details see above.

- (e) Are you being furnished hospitalization or institutional or domiciliary care by the United States or any political subdivision thereof? yes What institution and where? NATIONAL MILITARY HOME, CALIF.

9. Are you single, married, widowed, or divorced? married

10. Times married two Date and place of last marriage Feb 1933 **(b)(6)**

11. Times present wife has been married three Maiden name Bessie Wood

12. Do you live together? yes (a) If not, state reason, and your wife's present address \_\_\_\_\_

13. Have you any legitimate or adopted child or children living under 16 years of age and unmarried, or any child of any age who is insane, idiotic, or otherwise permanently helpless? no If so, give the following particulars about each child:

Full Name of Child	Date of Birth			Name and Address of Person With Whom Child Lives
	Day	Month	Year	
	<u>none</u>			
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

15-638





14. (a) Is your mother now dependent on you for support?.....no.....

(b) Is your father now dependent on you for support?.....no.....

I HEREBY CERTIFY that answers to all questions are true and complete to the best of my knowledge and belief; that I have submitted all available information and evidence in support of this application, and that the foregoing statements are made as a part thereof with full knowledge of the penalty provided for making a false statement as to a material fact in such application. (Note sections of law printed on front page.)

*Clide C. McIntire*  
(Signature of claimant)

SUBSCRIBED AND SWORN to before me this 12 day of December, 193 3

by Clide C. McIntire, claimant,

to whom the statements herein were fully made known and explained.

[SEAL]

*Adolph S. Swanstrom*  
Notary Public.

ADOLPH S. SWANSTROM, Notary Public  
in and for Los Angeles County, California.  
My commission expires Nov. 28, 1935.  
Address: National Military Home, California.

(TO BE COMPLETED BY VETERAN)

Number (b)(6)

Date December 12, 1933.

I, McINTIRE, Clide C.  
(Last name) (First name) (Middle name)

hereby make formal application for pension under the act of March 20, 1933, as the result of disease or injury not the result of service. I have not\* previously made application for the benefits.

*Clide Clifton McIntire*  
(Full name)

Cpl. "A" 44th U.S. Infantry.

(b)(6)

\*If you have made previous application, either by letter or form, cross out the word "not."



December 1, 1933.

MB14

Mr. Clyde C. McIntire,

(b)(6)

McINTIRE, Clyde C.

(b)(6)

Dear Sir:

Reference is made to your letter of November 4, 1933, insisting that service connection should have been granted for your disabilities.

Following a review of your case as required by Public #2, 73d Congress, it was determined that your disabilities are not due to your military service, and if you are dissatisfied with that holding, you have the right of appeal to the Administrator of Veterans' Affairs.

It appears that you have reached the age of 55 years since the review was completed, and if you desire to apply for the \$15 per month pension now provided for age 55 years and 50% disabled, not due to service, you may use the enclosed application.

You cannot be granted the \$15 per month rate mentioned herein, unless proper application is filed for same.

Respectfully,

E. W. MORGAN,  
Director of Pensions.

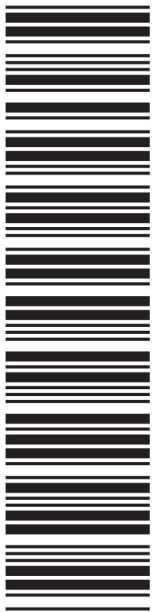
JMR/jg

1 Incl.





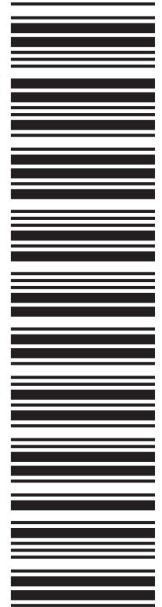
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

(b)(6)

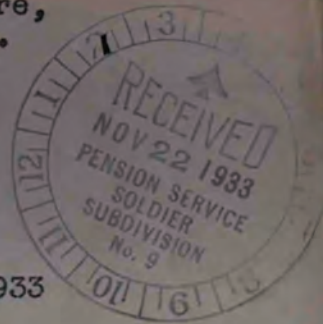
CLIDE C. McIntire,  
A 44 U.S.V. Inf.

*Fed Bmp*

CLIDE C. McINTIRE,  
National Military Home,  
California.

(b)(6)

November 4, 1933



Director of Pensions,  
Washington, D.C.

Sir:

I am the pensioner, under act of 6-2-30 at \$50.00 per month, as briefed hereon.

I was born August 21, 1878 at Sedgwick, Kansas, and my file should show the same information;

I was notified May 1, 1933 M B A A that I would be dropped from the rolls, under Public #2 - 73rd Congress.

I submit that my disabilities are directly due to and resultant to the hardships and illnesses I suffered in the Philippine Islands;

I have received no further notice from you, and respectfully request that I be placed on the rolls again, under acts of Public 72 and Public 78 - which should allow me at least \$15.00 per month, from Aug 21 1933, provided an error be made in not according me service-connection as to my present disabilities.

I am member of National Military Home, California, and an employee at \$34.00 per month, very light work, which should not militate against me.

Kindly expedite notice of award, and payments to me. I thank you, and certify that this statement is true.

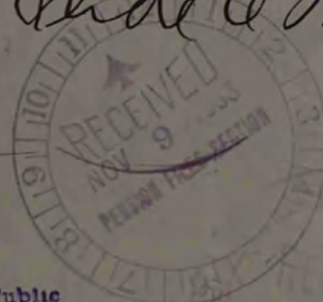
Yours very truly,

Subscribed and sworn to before me this  
4 day of November, 1933.

*Clide C. McIntire*

*Adolph S. Swanstrom*

ADOLPH S. SWANSTROM, Notary Public  
in and for Los Angeles County, California.  
My commission expires Nov 28, 1935.  
Address: National Military Home, California.







TO THE SECRETARY OF WAR  
WASHINGTON, D. C.  
FROM THE  
[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

[Illegible text]

## FACILITY STATUS OF CLAIMANT

DAH

From: Chief, Accounting Division  
To: Chief, Budget and Statistics

Date 7-5-33Name of Claimant: Clide C McIntireClass 5121 Rate 15 Facility TA F Los Angeles

You are requested to furnish this division with a report showing the facility status of the veteran named above as to admissions, discharges and furloughs for the period 7-1-33 - to present date

(b)(6)

WM. H. HOLMES

To: Chief, Accounting Division  
Facility Date of Admission

FurloughDate of Discharge

V.A. Fr  
Cal-

1-28-313-30-34

By S. Andrews Date 7-5-34  
Budget and Statistics

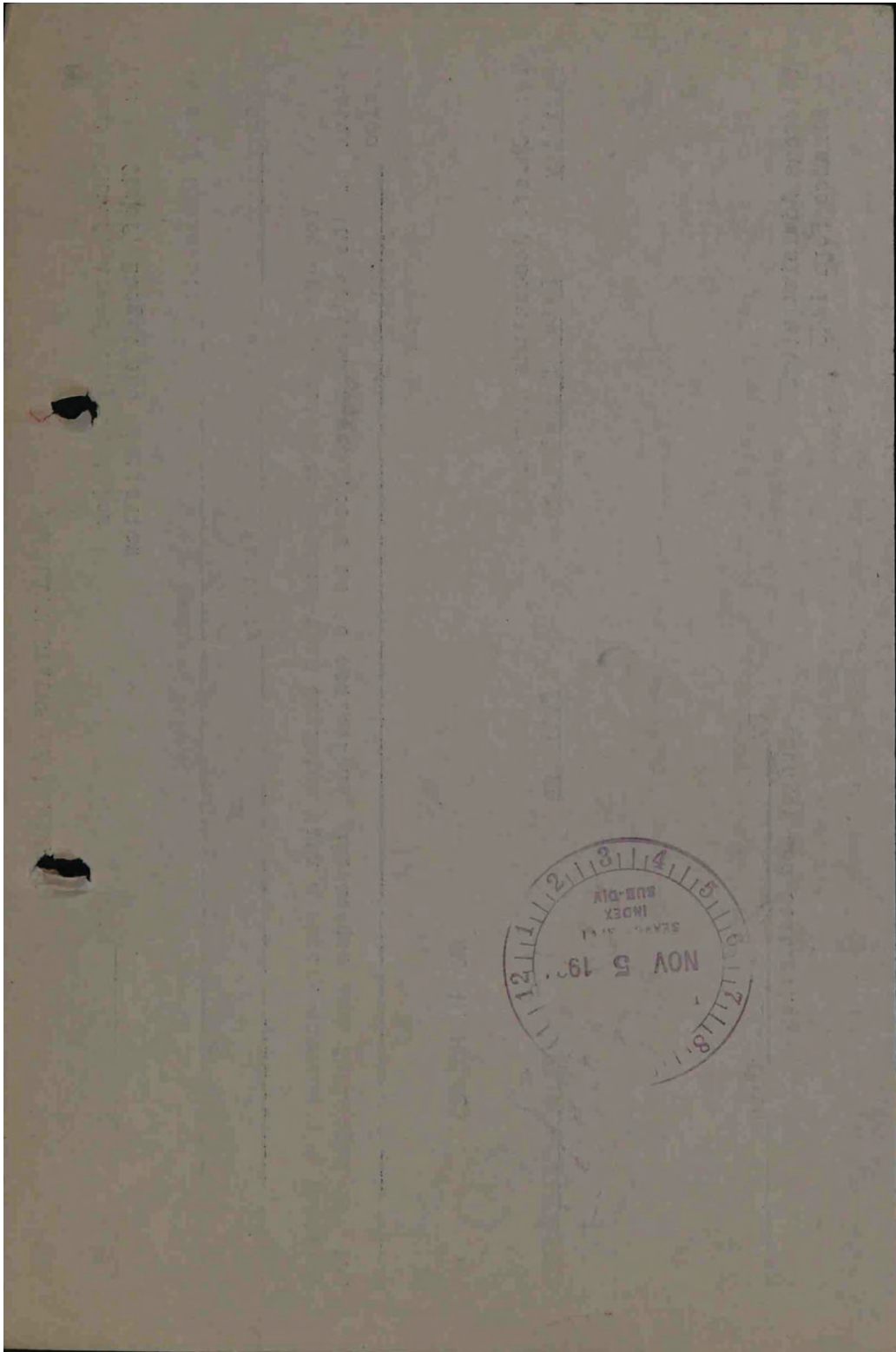
Veterans Administration  
Finance Form 1443

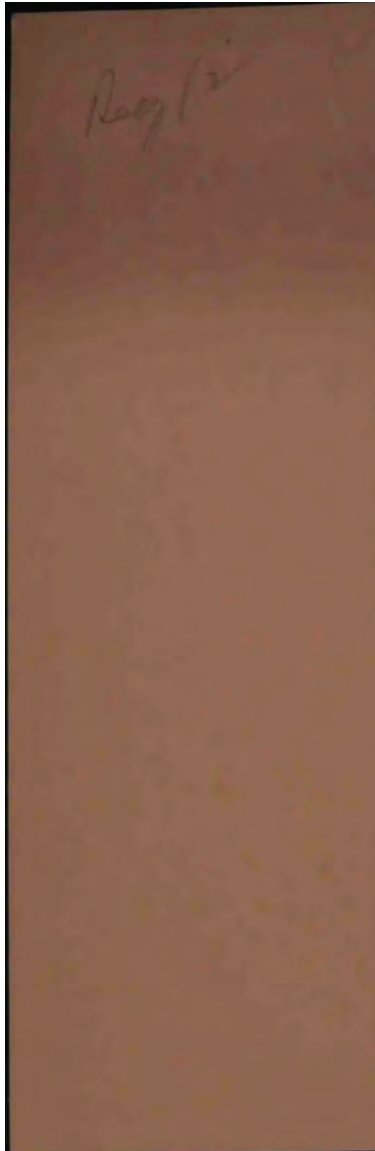
(b)(6)

*Noted 7/1/34  
SAC*

*JHM*









AFFIDAVIT  
TO CLAIM DISABILITY OF WAR SERVICE CONNECTION.

Clide C. McIntire,  
Veterans Administration Home,  
National Military Home, Calif.

Cert. No. (b)(6)

State of California     )  
                                  ) SS.  
County of Los Angeles.)

Clide C. McIntire, being duly sworn, deposes and says:

That I was born Aug. 21st, 1878, at Harvey County, Kansas,  
being now about 55 years of age.

That I enlisted Sept. 6th, 1899, at Wichita, Kansas, in  
Company A, 44th U. S. Vol. Inf., and was given an HONORABLE discharge as a  
Corporal, June 30th, 1901, at the Presidio, San Francisco, Calif.

That, while in war service, I was hospitalized for dysentery,  
lumbago, and kidney trouble and heart trouble, and by reason of such war  
service connected disabilities I am unable to perform full manual labor  
to provide livelihood for myself and wife.

That I claim that I am entitled to my pension by reason of  
war service connected disability.

*Clide C. McIntire*  
Clide C. McIntire, Affiant.

Subscribed and sworn to  
before me this 27<sup>th</sup> day  
of May, 1933.

*Cecil B. Skipwith*

Notary Public in and for said  
County and State.





k

May 1, 1933

(b)(6)

Mr. Clide C. McIntire,  
Veterans Administration Home,  
National Military Home, Calif.

NBAA

Dear Sir:

A review of all claims in which payments of benefits were being made on March 20, 1933 was undertaken for the purpose of determining entitlement to benefits provided by Public No. 2, 73d Congress, entitled "An Act To maintain the credit of the United States Government".

Your claim has been carefully reviewed in accordance with the provisions of the above entitled Act, and it has been found necessary to hold that the evidence of record in your case fails to show that you are entitled, after June 30, 1933, to the payment of any benefits thereunder, for the reason that **You are not permanently totally disabled, have no service-connected disability, and are not 62 years of age.**

Regulations promulgated pursuant to the provisions of Public No. 2, 73d Congress, provide that, except as to degree of disability, an application for review on appeal may be filed within six months from the date of this notice or July 1, 1933, whichever is the later date. In the event you contemplate filing such an application it is suggested that it be deferred until after July 1, 1933, when the condition of the work incident to the review of claims will permit of expedited action on applications of this character.

By direction,

Form P-105b

Notice of Discontinuance of Payments.

E. W. MORGAN,

Director of Pensions.



W-4694

FILE  
R.M.L.

5-29-31

Los Angeles, California,  
May 29, 1931

A.1

Mr. Clide C. McIntire,

Certificate of Recognition

(b)(6)

(b)(6)

(b)(6)

(b)(6)

Dear Sir:

You will find herewith your Certificate of Recognition as a veteran within the meaning of Section 202 (10), World War Veterans' Act, 1924, as amended.

It is suggested that you immediately sign your name upon the reverse side of your Certificate in the space provided therefor, in order to prevent the possibility of the Certificate being used by an unauthorized person and so that you can be identified by your signature.

This Certificate, when presented to any Regional Office of the Veterans' Bureau by the veteran to whom issued, will constitute prima facie evidence that the veteran is entitled to hospital treatment by the Bureau if his physical condition is such as to require hospital treatment and Government hospital facilities are available.

Encl. 1  
Certificate

By direction,

rml

*R. B. Leach*  
R.B. LEACH,  
Regional Adjudication Officer,  
Los Angeles, California.

Reg. Form No. 87



**REQUEST FOR INFORMATION AS TO VETERAN STATUS UNDER SECTION 202 (10)  
FOR OTHER THAN WORLD WAR VETERANS**

Date April 23, 1931

Name McINTIRE, Clyde C. Residence P.O. Box 762, West Los Angeles, Calif.

Birth August 21, 1878 (Date) Sedgwick, Kansas (Place)

Age at time of first enlistment shown 21-1/12

*W 4694*

The above-named person, who has applied for CERTIFICATE OF RECOGNITION  
(Hospitalization or certificate of recognition)  
under Section 202 (10) of the World War Veterans' Act, gives the following information regarding his active service record:

ORGANIZATION	RANK OR RATING	ENLISTMENT		DISCHARGE		
		Date	Place	Date	Place	Character of—
Co. A, 44th U.S. Bol. Inf.	Corp.	9-6-99	Wichita, Kas.	6-30-01	Presidio, San Francisco, California	Honorable

*R.B. Leach*  
R.B. LEACH, Regional Adjudication Officer,  
(Signature)

Los Angeles, California.  
(Station)

A.1

TO THE

WAR DEPARTMENT

(War Department or Navy Department)

Please indicate in the spaces below the facts which your records show as to the applicant's service in any war, military occupation, or expedition:

Name McIntire, Clyde C. Age at enlistment or 21 years 1 month,  
Date and place of birth Harvey County, Kansas.

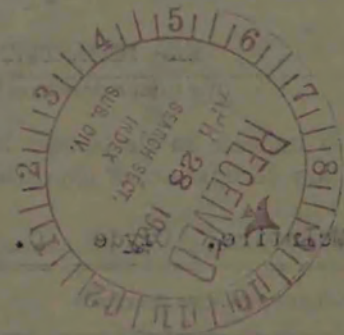
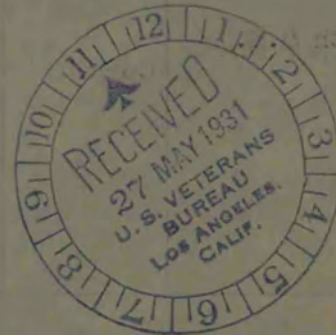
WAR, OCCUPATION, OR EXPEDITION	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION AT DISCHARGE	CHARACTER OF DISCHARGE
Philippine Insurrection	9/6/99	6/30/01	Corporal, Company "A" 44 U.S. Vol. Infantry.	Honorable.
No other service found.				

5/20/31.

(Date)

C.R. Bridges,  
Major General,  
The Adjutant General,  
(Signature) *M. H. L.*





Philipine Inspection

5/20/31  
5/20/31  
at U.S. Vol. Infantry.

Honorable.

No other service found.

5/20/31.

BY: The Adjutant General,  
Major General,  
C.R. Bridges.

(b)(6)



(b)(6)

**REQUEST FOR INFORMATION AS TO VETERAN STATUS UNDER SECTION 202 (10)  
FOR OTHER THAN WORLD WAR VETERANS**

Date April 23, 1931

Name McINTIRE, Clyde C.

Residence (b)(6)

Birth August 21, 1878  
(Date)

Sedgwick, Kansas  
(Place)

Age at time of first enlistment shown 31-1/12

The above-named person, who has applied for CERTIFICATE OF RECOGNITION  
(Hospitalization or certificate of recognition)  
under Section 202 (10) of the World War Veterans' Act, gives the following information regarding his active service record:

ORGANIZATION	RANK OR RATING	ENLISTMENT		DISCHARGE		
		Date	Place	Date	Place	Character of—
Co. A, 44th U.S. Bol. Inf.	Corp.	9-3-99	Wichita, Kas.	6-30-01	Presidio, San Francisco, California	Honorable

R.B. LEACH, Regional Adjudication Officer,  
(Signature)

Los Angeles, California  
(Station)

A.1

TO THE

WAR DEPARTMENT

(War Department or Navy Department)

Please indicate in the spaces below the facts which your records show as to the applicant's service in any war, military occupation, or expedition:

Name McIntire, Clyde C. Age at enlistment or 21 years 1 month,  
Date and place of birth Harvey County, Kansas.

WAR, OCCUPATION, OR EXPEDITION	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION AT DISCHARGE	CHARACTER OF DISCHARGE
Philippine Insurrection	9/6/99	6/30/01	Corporal, Company "A" 44 U.S. Vol. Infantry.	Honorable.
No other service found.				

5/20/31.

(Date)

C.H. Bridges,  
Major General,  
The Adjutant General,  
BY M.H.L.  
(Signature)



FILED - 86  
NOV 20 1934  
VET. REC



18/12/9  
2

**REQUEST FOR INFORMATION AS TO VETERAN STATUS UNDER SECTION 202 (10)  
FOR OTHER THAN WORLD WAR VETERANS**

Date April 23, 1931

FILE  
U.S.V.

Name McINTIRE, Clyde C.

Residence (b)(6)

Birth August 21, 1878  
(Date)

Sedgwick, Kansas  
(Place)

Age at time of first enlistment shown 21-1/12

The above-named person, who has applied for CERTIFICATE OF RECOGNITION  
(Hospitalization or certificate of recognition)  
under Section 202 (10) of the World War Veterans' Act, gives the following information regarding his active service record:

ORGANIZATION	RANK OR RATING	ENLISTMENT		DISCHARGE		
		Date	Place	Date	Place	Character of—
Co. A, 44th U.S. Hol. Inf.	Corp.	9-6-99	Wichita, Kas.	6-30-01	Presidio, San Francisco, California	Honorable

R.B. LEACH, Regional Adjudication Officer,  
(Signature)

Los Angeles, California,  
(Station)

A.1

TO THE

WAR DEPARTMENT

(War Department or Navy Department)

Please indicate in the spaces below the facts which your records show as to the applicant's service in any war, military occupation, or expedition:

Name \_\_\_\_\_ Age at enlistment or  
Date and place of birth \_\_\_\_\_

WAR, OCCUPATION, OR EXPEDITION	DATE OF ENLISTMENT	DATE OF DISCHARGE	RANK AND ORGANIZATION AT DISCHARGE	CHARACTER OF DISCHARGE

(Date)

U. S. GOVERNMENT PRINTING OFFICE: 1930

2-15140

(Signature)



W-4694

CERTIFICATE IN LIEU OF LOST OR DESTROYED

DISCHARGE CERTIFICATE.

FILE  
M.M.L.

To all whom it may concern:

Know ye that CLIDE C. McINTIRE, a corporal of Company "A", Forty-fourth Regiment of United States Infantry Volunteers, who was enlisted on the 6th day of September, one thousand eight hundred and ninety-nine to serve for the period ending June 30, 1901, was DISCHARGED from the service of the United States on the thirtieth day of June, one thousand nine hundred and one, by reason of muster out of the Company. CHARACTER, EXCELLENT.

This Certificate is given under the provisions of the Act of Congress approved July 1, 1902, "to authorize the Secretary of War to furnish certificates in lieu of lost or destroyed discharges" to honorably discharged officers or enlisted men or their widows, upon evidence that the original discharge certificate has been lost or destroyed, and upon the condition imposed by said Act that this certificate "shall not be accepted as a voucher for the payment of any claim against the United States for pay, bounty or other allowances, or as evidence in any other case".

Given at the WAR DEPARTMENT, Washington, D.C., this 5th day of July, one thousand nine hundred and twenty-three.

BY AUTHORITY of the SECRETARY of WAR:

(signed) HARRY COOPE

Adjutant General

Form No. 150, A.G.O. Jan 25-22

State of California } ss  
County of Los Angeles }

I do hereby certify that I have carefully compared the above with the original hereof, duly exhibited to me, and do further certify that the above is true and exact copy. Dated, April 17th, 1931, at National Military Home, California.

*Adolph S. Swanstrom*

ADOLPH S. SWANSTROM, Notary Public in and for Los Angeles County, California.

My commission expires Nov. 28, 1931.  
Address: Natl Military Home, California.



**Summary of Record of Active Service Copied from Discharge Certificate for Use  
ONLY with Claims Submitted to the U. S. Veterans Bureau**

Name \_\_\_\_\_ Serial No. \_\_\_\_\_

Rank and organization \_\_\_\_\_

Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Occupation given at enlistment \_\_\_\_\_

Color of eyes \_\_\_\_\_ Hair \_\_\_\_\_ Complexion \_\_\_\_\_

Height \_\_\_\_\_ feet \_\_\_\_\_ inches. Married or single \_\_\_\_\_ Citizenship \_\_\_\_\_

Date of enlistment \_\_\_\_\_ Place of enlistment \_\_\_\_\_

Prior service \_\_\_\_\_

Rank or rating at enlistment \_\_\_\_\_

Promotions, reductions, or ratings during enlistment \_\_\_\_\_

Battles, engagements, skirmishes, expeditions \_\_\_\_\_

Occupation given at discharge \_\_\_\_\_

Wounds received in service \_\_\_\_\_

Character of discharge \_\_\_\_\_ Date \_\_\_\_\_ Reason \_\_\_\_\_  
(Honorable, without honor, dishonorable)

Physical condition when discharged \_\_\_\_\_

Recommendation for reenlistment \_\_\_\_\_

Remarks \_\_\_\_\_

Signature of soldier \_\_\_\_\_

Name and rank of officer signing discharge \_\_\_\_\_

I hereby certify that the foregoing is a true, literal, and exact copy of information taken from the certificate of discharge of \_\_\_\_\_ from the \_\_\_\_\_ service of the United States.

This must be attested by a person  
authorized to execute oaths or an  
employee of the Bureau empowered  
to administer oaths.

Signed \_\_\_\_\_ (Date) \_\_\_\_\_





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

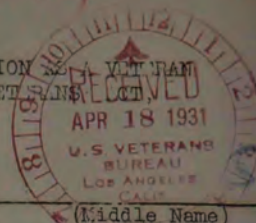
# BESTCOPY

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\* O B E S T C O P Y \*

## UNITED STATES VETERANS' BUREAU

APPLICATION FOR CERTIFICATE OF RECOGNITION AS A VETERAN  
UNDER SECTION 202 (10), WORLD WAR VETERANS' ACT,  
1924, AS AMENDED

NAME McINTIRE CLIDE C.  
(Print clearly) (Last Name) (First Name) (Middle Name)

ADDRESS (b)(6)  
(Number) (Street) (City or town) (State)

I hereby apply for a Certificate of Recognition as a veteran under Section 202 (10), World War Veterans' Act, 1924, as amended, and submit the following information to assist in establishing my identity and verifying my record of service in the armed forces of the United States during a war, military occupation, or military expedition.

1. Place of Birth: Sedgwick, Kansas  
Date of Birth: August 21, 1878

2. Description of applicant as of date of this application:  
Sex: male, Race: white, Weight: 225 lbs., Height: 72 inches  
Color of hair: dk brown, Color of eyes: brown, Complexion: swarthy

3. In the space below give the required information regarding each enlistment in which you have served in the armed forces of the United States during a war, military occupation, military expedition, the Boxer Rebellion, or Philippine Insurrection. Under "Nature of Discharge" indicate whether Honorable, dishonorable, ordinary, bad conduct, Surgeon's Certificate of disability, or without honor.

RANK AND ORGANIZATION	ENLISTMENT DATE	PLACE	DISCHARGE DATE	PLACE	NATURE OF DISCHARGE
Cpl. A. 44th U.S. Vols. inf.	9-6-99	Wichita, Kas.	6-30-01	Presidio, San Francisco, California.	honorable

Note: If, during any of these enlistments you served under a name other than the one used in this application, state the name under which you served, the period of the enlistment, and full explanation.

4. Attach to this form certified copies of all certificates of discharge for all the enlistments entered under Item 3 to show the service during a war, military occupation, or military expedition on which this application is based, if obtainable.

Date April 17th, 1931.

Clide C McIntire  
(Applicant's Signature)

Subscribed and sworn to before me this 17 day of April, 1931  
by Clide C McIntire, applicant, to whom the statement herein were fully made known and explained.

Adolph S. Swanson

ADOLPH S. SWANSTROM (Notary Public) in and for  
Los Angeles County, California.

My commission expires Nov. 28, 1931.

(SEAL)

Address: NATIONAL MILITARY HOME, California.

Reg. Form No. 182





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\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

INVALID.

Cert. No.

(b)(6)

Name, Clide C McIntire  
 Rank, Corp; Service, Co. A 44  
U. S. Vol. Inf.

Agency or Group No. } Original Roll: \_\_\_\_\_  
 Transf'd \_\_\_\_\_, 1, to \_\_\_\_\_  
 " \_\_\_\_\_, 1, to \_\_\_\_\_

Issued OCT 13 1928

Rate, \$ 30, from Aug 14 1928

ACT MAY 1, 1926

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Issued ACT JUNE 2, 1930

Rate, \$ Increased to \$ 35  
From July 12 1930  
Sept 15 1930

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

Issued MAR 28 1931

Rate, \$ 50, from Feb 17 1931

Deductions: \_\_\_\_\_

ACT OF JUNE 2, 1930

Disability: \_\_\_\_\_

Issued \_\_\_\_\_

Rate, \$ \_\_\_\_\_, from \_\_\_\_\_

Deductions: \_\_\_\_\_

Disability: \_\_\_\_\_

INDORSEMENTS.



ACT

ACT OF JUNE 2, 1930

(b)(6)

Soldier *Clide C. McIntire*

(b)(6)

Rank *Corporal*

Service *Co A 44 U.S. Vol Inf*

(b)(6)

Rate, \$ *50* per month, commencing

*February 17, 1931.*

Attorney *none*

Fee, \$

P. O.

Articles filed

Submitted *Mar. 20*, 19*31*, for *Adm. Med. Dir.*

*N. P. Delmore*, Examiner.

Approved for

*Admiral #1*

ACT MARCH 20, 1933  
Pension discontinued from and  
after June 30, 1933.  
Cause *Not P.T. - Not 62-XX.C.*  
*P.D. May 1, 1933. N.P.*

Date of birth

*Employer*

Age,

years.

Rate, \$

per month.

Legal Reviewer.

Approved for

*3/4 from February*

*March 24, 1931*

*Rayne*  
Medical Reviewer.

*Not entered  
under 179/33  
Arch 3/29/33  
V. V. V. V.  
Med. Reviewer  
7/29/33*

Medical Referee.

Enlisted

Enlisted

Enlisted

Discharged

Discharged

Discharged

Pensioned at \$ *35*

per month

*act of June 2, 1930*

PRESENT CLAIM

Declaration filed

*Jan. 7*

, 19*31*

Date of birth alleged *Aug. 21 - 1878*

M. C. *no*

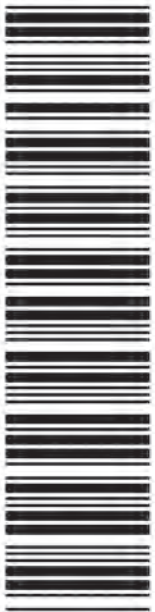
U. S. S.  
H. R.

Certificate issued

*MAR 28 1931*



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# BESTCOPY



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\* O B E S T C O P Y \*



# CERTIFICATE OF MEDICAL EXAMINATION

(To be returned when complete to Commissioner of Pensions)

(b)(6)

Name and address of Examining Surgeon

Name Clide C. McIntireHoward W. Seager908 Hollingsworth Bldg.,  
Los Angeles, Calif.

P. O. address

(b)(6)

Date of examination 17th February, 1931.Pensioned at 35 dollars per month.

Origin of disabilities and date of incurrence as alleged by claimant

Disease of HeartRheumatismLumbago

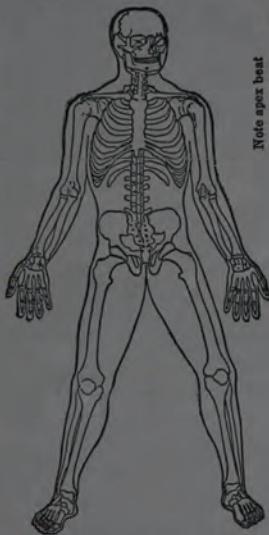
Birthplace Kansas; age 52 years; height 5'11; weight: Normal 155 present 220;  
 complexion Ruddy; color of eyes Brown; color of hair D. brown; occupation: Former Police Officer;  
 present Unemployed since 1929; permanent marks and scars other than those described below

Pulse rate 100-103-128-106; respiration 18-20-31-22; blood pressure: Systolic 156, diastolic 90; temperature 98  
 (Sitting, standing, after exercise, after two minutes' rest)

Unless there is evidence of disease, only the first question need be answered under each heading.

## IMPORTANT

Note all injuries, amputations, deformities, varicose veins, etc., on figure



Note apex beat

GENERAL APPEARANCE Plethoric; state of nutrition Medium; muscular development Soft; carriage Stooped; gait Shuffle; posture Stooped

EYES: External structures, each eye Conjunctivae injected;  
 internal structures, each eye Negative Distance glasses not worn

Vision uncorrected: Right 20/40 Left 20/40 Corrected: Right 20/40 Left 20/40  
 (Snellen's type)

EARS: Auditory canals: Normal? Yes Discharge No  
 Ordinary conversation: Right 5 feet; left 4 feet. Loud conversation: Right      feet; left      feet.

(Indicate greatest distance at which heard)

NOSE AND THROAT: Normal? No - Naso-pharyngeal catarrh - mucous (exudate)

CARDIO-VASCULAR SYSTEM: Normal? No If not, is area of dullness normal or enlarged? Any lesion, dyspnea, edema, or cyanosis? Is there anemia or arterio-sclerosis? If any signs of aneurism, describe fully. There is some cardiac hypertrophy, an arrhythmic tachycardia, a state of cardio-vascular hypertention, arterio sclerosis is present and the action is intermittent, dropping about each 5th beat. Dyspnea is present.

RESPIRATORY SYSTEM: Normal? No If not, give chest measurements on inspiration, expiration, and at rest. Any dullness, consolidations, cavities, adhesions, rales, cough, expectoration, or hemorrhage? 42-39-40 The respiratory excursions are restricted and labored. Broncho-vesicular breathing with a few small rales is heard over both mid and upper lungs.

DIGESTIVE SYSTEM: Mouth, teeth, stomach, bowels, liver, spleen, and rectum normal? If not, describe abnormal conditions. The teeth are very poor, nine missing. The gums are infected with pyorrhea. The abdomen is obese, tympanitic, and there is an appreciable degree of gastro enteroptosis. There is pain in the epigastrium and at the upper sigmoid. There is a history of indigestion, and frequently recurring attacks of dysentery and evidence of auto intoxication.

NERVOUS SYSTEM: Brain, spinal cord, peripheral nerves, and mentality normal? If not, test reflexes, power, sensation, etc. Any tremor, paralysis, or disorientation? Is Romberg's sign present? State diagnosis.

There is an appreciable degree of mental hebetude. Neurasthenia is evident.

RHEUMATISM: Articular or muscular? What joints, if any, affected? Is there swelling, crepitus, atrophy, deformity, lost motion, or ankylosis?

Both shoulder and hip joints are crepitant and their synovial membranes sensitive. Extended motion is sensitive to the hips and normal motion in the shoulders above the horizontal is restricted. Prehensile force in both hands is diminished. The muscles of the back in the lower dorsal and lumbar regions upon

(over)



GENITO-URINARY SYSTEM: Kidneys, bladder, and prostate normal? Prostate no  
Urinalysis: Color Straw; reaction acid; specific gravity 1022; albumin no;  
sugar no; pus cloudy; blood no; shreds no; casts (Below)  
HERNIA? No Inguinal, femoral, ventral, or umbilical? Note size of tumor. If  
inguinal, state whether complete or incomplete, and whether retainable by truss.

HYDROCELE? No VARICOCELE? No Size \_\_\_\_\_; right \_\_\_\_\_; left \_\_\_\_\_

VARICOSE VEINS? No State size of veins and indicate location on diagram. Are they sacculated or ruptured?  
Any scars or ulcers? Is an elastic stocking worn?

FLAT FOOT? Yes Right Yes; left Yes; partial Yes; complete No  
pronation No; eversion Some; limp shuffle; stand on toes partially  
Painful callouses upon either foot - plantar surfaces.

GUNSHOT WOUNDS, INJURIES, AMPUTATIONS: Describe disabling effects of injuries. Points of amputations, locations  
of scars, etc., should be indicated on the diagram. No

#### EVIDENCE OF EFFECTS OF PAST OR PRESENT VICIOUS HABITS; RESULTS OF TESTS, IF MADE:

Alcohol, narcotics, syphilis, gonorrhea No

#### ADDITIONAL NOTES

This space to be used for additional description of all physical signs of disabilities indicated in the foregoing, as well as all other pathological conditions found. See  
Instructions below.

#### RHEUMATISM:

both sides are slightly swollen, spastic and stiff. Both body flexion and rota-  
tion are restricted. There is a general muscular asthenia.

#### GENITO-URINARY SYSTEM:

There is a marked degree of prostatic hypertrophy, an irritable bladder, a  
residual urine and a polyuria.

Claimant states that a mistake has been made in his certificate number. His number  
being (b)(6)

RATE RECOMMENDED: 3/4

The above claimant was examined by me on 17. February 1931., 193

Signed Howard W. Souger

(The Surgeon making the examination must personally sign this report)

#### INSTRUCTIONS

It is a provision of the law (act of September 22, 1922) that the report of examination shall specifically and accurately set forth the physical condition of the claimant  
and include a full description of every existing disability. No fee shall be paid until a complete report has been submitted. A brief statement should be obtained from  
the claimant showing the character of the disabilities from which he claims to suffer. All spaces down to and including the personal description must be filled in.

Veterans of the Civil War.—Describe conditions and recommend a rate, if warranted, in accordance with the instructions on the order.

The act of June 2, 1930, is for the benefit of disabled veterans of the war with Spain, the Philippine Insurrection, or the China Relief Expedition. The rate under  
this act should be based on the aggregate of mental or physical disabilities, without regard to vicious habits, which so incapacitate the veteran for the performance of manual  
labor as to render him unable to earn a support and the degree of inability to earn a support by manual labor should be expressed as  $\frac{1}{8}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total. When regular  
aid and attendance is required, that fact should be stated and the date of commencement ascertained and noted.

The act of March 3, 1927, is for Veterans of Indian wars or campaigns. The rate under this act should be based on mental or physical disabilities, not the results  
of the claimant's own vicious habits, which so incapacitate the veteran for the performance of manual labor as to render him unable to earn a support and the degree of  
such disability should be expressed as  $\frac{1}{8}$ ,  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total.

The rate should be in harmony with the degree of incapacity for earning a support by manual labor, which has been defined as meaning work of a useful character  
performed with bodily exertion or muscular effort. It does not necessarily mean hard work, as with pick and shovel.

The General Law.—Under this law only disabilities which have been contracted in the military or naval service and in line of duty are pensionable. Each dis-  
ability should be rated separately from \$2 to \$17 with the following exceptions: When the disability or the sum of the disabilities is equivalent to the loss of a hand or  
foot for the performance of manual labor the rate should be \$24; if inability to perform any manual labor has resulted therefrom, \$30; if frequent and periodical aid and  
attendance of another person is necessary, solely by reason of disabilities due to service, \$50; if such personal aid and attendance be regular and continual, \$72.



3-2005

MEDICAL EXAMINATION

ACT OF JUNE 2, 1900

Law-Class .....

*SC* No. ....

(b)(6)

SOLDIER

*Clide C. McIntire*

Address .....

(b)(6)

ATTORNEY

*No*  
Address .....

M. C. ....

Disabilities

Date *2-2-31* *Haardt* Examiner.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

ACT OF JUNE 2, 1930

## DECLARATION FOR INCREASE OF PENSION

WAR WITH SPAIN, PHILIPPINE INSURRECTION, OR CHINA RELIEF EXPEDITION

The Pension Certificate should not be forwarded with the Application

On this 5th day of January, 1931, before me, the undersigned, personally appeared  
CLIDE C McINTIRE, who makes the following declaration as  
an application for increase of pension under the provisions of the Act of Congress of June 2, 1930.

That he is 52 years of age; that he was born Aug. 21, 1878  
at Sedgwick Kansas

That he is the identical Clide C McIntire, who  
ENLISTED Sept. 6, 1899, at Wichita Kansas, under the name of  
Clide C McIntire, in Co. A 44th, U.S. Vol. Inf.  
(Here state company and regiment, if in the Army; or vessel, if in the Navy)

DISCHARGED June 30, 1901, at Presidio California, and was honorably  
served during the WAR WITH SPAIN, THE PHILIPPINE INSURRECTION, OR CHINA RELIEF EXPEDITION between April 21, 1898, and  
July 4, 1902.

That he is a pensioner of the United States at the rate of THIRTY FIVE dollars per month, for partial  
inability to earn a support by manual labor, and that he believes himself to be entitled to an increase in pension under the act of  
June 2, 1930, on account of Heart trouble, Kidney trouble, Rheumatism  
(Here state the reason for applying for an increase)

That he was Not employed in the military or naval service prior to Sept., 1899  
That he has Not been employed in the military or naval service since June, 1901

(Here state what the service, if any, was, whether prior or subsequent to that stated above, and the date on which it began and ended)

That he did not serve in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6, 1917, and July 2,  
1921, or at any time during said period.  
(did or did not)

That he has not filed a claim in the United States Veterans' Bureau on account of such service, the number of which is \_\_\_\_\_;  
(has or has not)

that he has not receipt of compensation through said bureau under C  
(is or is not)

That no member of his family served in the Army, Navy, Marine Corps, or Coast Guard of the United States between April 6,  
1917, and July 2, 1921, or at any time during said period.  
(is or is not)

(If any members of claimant's family were in the military or naval service during the period mentioned, state the full name under which each  
such member served, with the designation of the organization in (or vessel on) which such service was rendered, together with the dates of  
enlistment and discharge. State also whether any such members are dead; and, if so, give the names)

That the number of his pension certificate is 1271629

That he hereby appoints \_\_\_\_\_  
his true and lawful attorney to prosecute this claim.

(Attorney)

(Address)

(1) Frank Smiley  
(Signature of first witness)  
Brentwood Heights Calif  
(Address of first witness)  
(2) James J. Shea  
(Signature of second witness)  
Wet. Mt. Home Calif  
(Address of second witness)

Clide C. McIntire  
(Claimant's signature in full)

(b)(6)

(Claimant's address in full)

California

STATE OF CALIFORNIA COUNTY OF LOS ANGELES

Subscribed and sworn to before me this 5th day of January, 1931, and I hereby certify  
that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the  
words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and  
that I have no interest, direct or indirect, in the prosecution of this claim.

E. S. Eddy  
(Signature)

Notary Public  
(Official character)

Brentwood Heights California

(Post-office address of officer)

(OVER) My Commission expires Dec. 7, 1934

[L. S.]

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION



Claimant should answer fully the following:

- No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: Am Widower  
wife dead
- No. 2. When, where, and by whom were you married to your present wife? Answer: \_\_\_\_\_
- No. 3. What record of your marriage to her exists? Answer: \_\_\_\_\_
- No. 4. Were you previously married? Answer: No If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife. Answer: \_\_\_\_\_
- No. 5. Have you any children living? If so, state their names and the dates of their birth. Answer: None

Clude C. McIntire  
(Signature of claimant.)

#### SYNOPSIS OF ACT OF JUNE 2, 1930.

Any person who served 90 days or more in the military or naval service of the United States during the War with Spain, the Philippine Insurrection, or the China Relief Expedition, between April 21, 1898, and July 4, 1902, who has been honorably discharged therefrom, or, having served less than 90 days, was discharged for a disability incurred in service in line of duty and who is suffering from any disability of a permanent character and thereby rendered unable to earn a support, may be entitled to a pension. The rates are as follows: \$20 per month for one-tenth disability; \$25, for one-fourth; \$35, for one-half; \$50, for three-fourths; and \$60 for total. Any person who served as noted above and who has reached the age of 62 years, \$30 per month; 68 years, \$40; 72 years, \$50; and 75 years, \$60. The rate of \$72 per month is provided for a person pensioned according to this paragraph who is helpless or blind, or who may need or require the regular aid and attendance of another person.

Any person who served 70 days or more and less than 90 days in the military or naval service of the United States during the War with Spain, the Philippine Insurrection, or the China Relief Expedition between April 21, 1898, and July 4, 1902, who has been honorably discharged therefrom, and who is suffering from any disability of a permanent character and thereby rendered unable to earn a support, may be entitled to a pension. The rates are as follows: \$12 per month for one-tenth disability; \$15 for one-fourth; \$18 for one-half, \$24 for three-fourths; and \$30 for total. Any person with the service required by this paragraph who has reached 62 years is entitled to \$12 per month; 68 years, \$18; 72 years, \$24; and 75 years, \$30. The rate of \$50 per month is provided for a person pensioned according to this paragraph who is helpless or blind or who may need or require the regular aid and attendance of another person.

#### INSTRUCTIONS—READ CAREFULLY.

Under the law, a person may not receive pension from the Bureau of Pensions and compensation through the United States Veterans' Bureau covering the same period of time, except that the receipt of compensation by a widow, child, or parent on account of the death or disability of any person will not bar the payment of pension on account of the death, disability, or service of any other person.

The declaration and testimony executed in the United States must be before some officer of a court of record having custody of its seal, a notary public, justice of the peace, or other officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature, and term of office must be certified by the proper State, county, or city officer under his official seal, unless such certificate has been filed in the Bureau of Pensions for general reference.

**FOREIGN COUNTRIES:**—This declaration should be signed and sworn to before a United States Minister or Consul or other consular officer; or before some officer of the country duly authorized to administer oaths for general purposes, and whose official character and signature shall be duly authenticated by the certificate of a United States Minister or Consul, or other consular officer.

DEPARTMENT OF THE INTERIOR  
BUREAU OF PENSIONS

ACT OF JUNE 2, 1930

### CLAIM FOR INCREASE

War With Spain, Philippine Insurrection,  
or China Relief Expedition

Certificate No. \_\_\_\_\_

Claimant \_\_\_\_\_

Service \_\_\_\_\_

PENSION CERTIFICATE NOT REQUIRED

Sold by Byron S. Adams, Washington, D. C.

(b)(6)

ACT JUNE 2, 1930

Increased to \$ 3.5

From July 12 1930

Sept 15 1930 <sup>se</sup><sub>10m</sub>



APPLICATION FOR THE INCREASED RATE OF PENSION

Provided by Act of June 2, 1930

WAR WITH SPAIN, PHILIPPINE INSURRECTION, OR CHINA RELIEF EXPEDITION

(The pension certificate should not be forwarded with this application)

On this 7th day of July, 1930, personally appeared Clyde C. McIntire, who is a pensioner at \$30.00 per month under Act of May 1, 1926.

He hereby makes application for the increased rate of pension provided by the Act of June 2, 1930, for the age or the degree of disability for which he is now pensioned.

The number of his pension certificate is (b)(6)

C. B. P. Hanson  
(Signature of first witness)

# 11 - Wickett, Texas  
(Address of first witness)

Karl Boddenstien  
(Signature of second witness)

Wickett, Texas  
(Address of second witness)

Clyde C. McIntire  
(Claimant's signature in full)  
Wickett, Texas  
(Claimant's address in full)

Subscribed and sworn to before me this 7th day of July, 1930, and I hereby certify that the contents of the above application were fully made known and explained to the applicant before swearing, including the words added; and that I have no interest, direct or indirect, in the prosecution of this claim.

J. H. Kelis  
(Signature)

Notary Public, Ward Co., Texas  
(Official character)

(L. S.)

NOTICE.—The Act of June 2, 1930, provided (in part) that any person who served 90 days or more in the military or naval service of the United States during the War with Spain, the Philippine Insurrection, or the China Relief Expedition, who has been honorably discharged therefrom or having served less than 90 days was discharged for disability incurred in service in line of duty, and who is suffering from any mental or physical disability of a permanent character and thereby rendered unable to earn a support, may be pensioned at rates ranging from \$20 to \$60 per month, as follows: \$20 a month for one-tenth disability; \$25 for one-fourth disability; \$35 for one-half disability; \$50 for three-fourths disability; and \$60 for total disability. A rate of \$72 per month is provided for one who, on account of age or physical or mental disabilities is helpless or blind or so nearly helpless or blind as to need or require the regular aid and attendance of another person.

Any person who served as noted above and who has reached the age of 62 years is entitled to a pension of \$30 per month; 68 years, \$40 per month; 72 years, \$50 per month; and 75 years, \$60 per month. The pension or increased rate of pension provided by the Act commences from the date of filing application therefor in the Bureau of Pensions.



(b)(6)

WAR WITH SPAIN.

O ORIGINAL INVALID CLAIM.

✓ Soldier, Clide C. McIntire  
P. O., \_\_\_\_\_ Rank, Corporal  
County, \_\_\_\_\_ Company, A.  
State, \_\_\_\_\_ Regiment, 44 U. S. Vol. Inf.  
Rate, \$ \_\_\_\_\_ per month, commencing \_\_\_\_\_

Pensioned for \_\_\_\_\_

RECOGNIZED ATTORNEY.

Name, C. E. Home Fee, \$ \_\_\_\_\_; Agent to pay.  
P. O., Washington, D.C. Articles filed July 9 1901

APPROVALS.

Approved for \_\_\_\_\_

Submitted \_\_\_\_\_, 1 \_\_\_\_\_; D. A. Lane, Examiner.

Approved for \_\_\_\_\_

\_\_\_\_\_, 1 \_\_\_\_\_, Legal Reviewer. \_\_\_\_\_, Med. Ex'r, \_\_\_\_\_, Med. Reviewer.

\_\_\_\_\_, 1 \_\_\_\_\_, Re-Reviewer. \_\_\_\_\_, 1 \_\_\_\_\_, Med. Referee.

IMPORTANT DATES.

Enlisted September 6, 1899 No other service from \_\_\_\_\_

Mustered \_\_\_\_\_, 1 \_\_\_\_\_, 1 \_\_\_\_\_, to \_\_\_\_\_, 1 \_\_\_\_\_, in \_\_\_\_\_

Discharged March 30, 1901

Declaration filed July 9, 1901 Not in service since June 30, 1901

BASIS OF CLAIM.

A cold resulting in catarrh malarial poisoning resulting in disease of primary organs. Embargo derangement of the nervous system stomach and bowel trouble and disease of heart contracted in P. I. in January and July 1900.

0-2

M. C.

writes



~~ACT OF JUNE 5, 1920~~  
~~ACT OF MAY 1, 1926~~

~~ORIGINAL~~  
~~INCREASE~~

Iss OCT 13 1928  
 1291543

(b)(6)

Claimant

*Clide C. McIntire*

P. O.

(b)(6)

Rank

*Corporal*

County

Service

*Co A*

State

*44 US We. Inf*

Rate, \$ *20*

per month, commencing

*August 14, 1928*

Attorney

*None*

Fee, \$

P. O.

Articles filed

, 19

Submitted for

*adm Oct. 3, 1928 S. Williams*

Examiner.

Approved for

*Admission  
Disability*

Approved for

*1/2*

Rate, \$

per month

Age,

years.

Date of birth

*Oct 6, 1928*

*J. H. W. d*  
Reviewer.

*Oct 9, 1928*

*C. A. M. d*  
Medical Reviewer.  
*H. A. C. d*  
Medical Referee.

Enlisted

*Sept 6*

, 1899

honorably discharged

*June 30*

, 1901

Enlisted

, 1

; honorably discharged

, 1

Pensioned at \$

per month, under

Declaration filed

*Aug 14*

, 1928

Age shown by evidence

*49*

years; date of birth alleged

, 1

Claimant does

write.

6-0217

*Wm Elmer Thomas*, M. C.

*U.S.S.*



# CERTIFICATE OF MEDICAL EXAMINATION

(To be returned when complete to Commissioner of Pensions)

(b)(6)

Address of Board or Examining Surgeon.....

Name Clide C McIntireChickashaP. O. address ChickashaOklahomaOklahoma.Date of examination September 12th. 1928.Pensioned at none dollars per month.Origin of disabilities and date of incurrence as alleged by claimant He says that he has had dystenery for 25 years, off and on, since he was in the Phillipines.

Birthplace Sedgewick, Kansas.; age 50 years; height 5ft 10in weight: Normal 155 present 215  
 (Personally ascertain present weight)  
 complexion dark; color of eyes brown; color of hair black; occupation: Former boilermaker  
 present boilermaker; permanent marks and scars other than those described below

Pulse rate 120-130-128 respiration 28-30-26; blood pressure: Systolic 170 diastolic 91; temperature 98 3/5  
 (Sitting, standing, after exercise, after two minutes' rest)

Unless there is evidence of disease, only the first question need be answered under each heading.

## IMPORTANT

Note all injuries, amputations, deformities, varicose veins, etc., on figure



Note apex beat

GENERAL APPEARANCE bloated; state of nutrition poor; muscular development puffed carriage erect; gait slow; posture erect

EYES: External structures, each eye normal  
 internal structures, each eye normal

Vision uncorrected: Right 20/10 Left 20/10 Corrected: Right 20/18 Left 20/18  
 (Snellen's type)

EARS: Auditory canals: Normal? yes Discharge

Ordinary conversation: Right 4 feet; left 4 feet. Loud conversation: Right 8 feet; left 8 feet. gradually increasing deafness.  
 (Indicate greatest distance at which heard)

NOSE AND THROAT: Normal? yes

CARDIO-VASCULAR SYSTEM: Normal? no If not, is area of dullness normal or enlarged? Any lesion, dyspnea, edema, or cyanosis? Is there anemia or arteriosclerosis? If any signs of aneurism, describe fully.

he has a rapid heart beat irregular intermittent with fairly indefonite heart sounds the area is slightly enlarged though not marked we feel that he has a failing myocardium hypothyroidism as well as some dropsy in all his tissues.

RESPIRATORY SYSTEM: Normal? yes If not, give chest measurements on inspiration, expiration, and at rest. Any dullness, consolidations, cavities, adhesions, rales, cough, expectoration, or hemorrhage?

Nothing except the rapid breathing.

## IMPORTANT

Note all injuries, amputations, deformities, varicose veins, etc., on figure



DIGESTIVE SYSTEM: Mouth, teeth, stomach, bowels, liver, spleen, and rectum normal? yes If not, describe abnormal conditions.

NERVOUS SYSTEM: Brain, spinal cord, peripheral nerves, and mentality normal? yes If not, test reflexes, power, sensation, etc. Any tremor, paralysis, or disorientation? Is Romberg's sign present? State diagnosis.

RHEUMATISM: Articular or muscular? none What joints, if any, affected? Is there swelling, crepitus, atrophy, deformity, lost motion, or ankylosis?

His stiffness and weakness in his legs we feel is due to the condition of his heart.



GENITO-URINARY SYSTEM: Kidneys, bladder, and prostate normal? yes  
Urinalysis: Color straw; reaction acid; specific gravity 1002; albumin none; sugar none; pus none; blood none; shreds none; casts none  
HERNIA? none Inguinal, femoral, ventral, or umbilical? \_\_\_\_\_ Note size of tumor. If inguinal, state whether complete or incomplete, and whether retainable by truss.

what he felt was a varicocele is dropsy.  
HYDROCELE? none VARICOCELE? none Size \_\_\_\_\_; right \_\_\_\_\_; left \_\_\_\_\_

VARICOSE VEINS? none State size of veins and indicate location on diagram. Are they sacculated or ruptured? Any scars or ulcers? Is an elastic stocking worn?

FLAT FOOT? none Right \_\_\_\_\_; left \_\_\_\_\_; partial \_\_\_\_\_; complete \_\_\_\_\_  
pronation \_\_\_\_\_; eversion \_\_\_\_\_; limp \_\_\_\_\_; stand on toes \_\_\_\_\_

GUNSHOT WOUNDS, INJURIES, AMPUTATIONS: Describe disabling effects of injuries. Points of amputations, locations of scars, etc., should be indicated on the diagram. none

#### EVIDENCE OF EFFECTS OF PAST OR PRESENT VICIOUS HABITS: RESULTS OF TESTS, IF MADE:

Alcohol, narcotics, syphilis, gonorrhea none

#### ADDITIONAL NOTES

This space to be used for additional description of all physical signs of disabilities indicated in the foregoing, as well as all other pathological conditions found. See instructions below.

His lumbago is pains that he has through his back and shoulders and we feel that it is due to the condition of his circulation.

We feel that he has a 50% disability and so recommend.

#### RATE RECOMMENDED:

The above claimant was examined by us (or me) on Sept. 2, 1928

Pres. W. H. S. S. S. Sec. Alexander L. Leach

(Surgeons participating in the examination must personally sign this report)

#### INSTRUCTIONS

It is a provision of the law (act of September 22, 1922) that the report of examination shall specifically and accurately set forth the physical condition of the claimant and include a full description of every existing disability. No fee shall be paid to any member of an examining board unless he is personally present and assists in the examination of the claimant.

No examination by one member of the board will be accepted unless such examination is made upon a special order from the Bureau or unless the circumstances are exceptional.

A brief statement should be obtained from the claimant showing the character of the disabilities from which he claims to suffer. All spaces down to and including the personal description must be filled in.

Veterans of the Civil War (acts of May 1, 1920, and July 3, 1926).—Describe conditions and recommend a rate, if warranted, in accordance with the instructions on the order.

The act of May 1, 1926, is for the benefit of disabled veterans of the war with Spain, the Philippine Insurrection, or the China Relief Expedition. The act of March 3, 1927, is for veterans of Indian wars or campaigns. The rate under either of these acts should be based on mental or physical disabilities, not the results of the claimant's own vicious habits, which so incapacitate the veteran for the performance of manual labor as to render him unable to earn a support, and the degree of inability to earn a support by manual labor should be expressed as  $\frac{1}{4}$ ,  $\frac{1}{2}$ ,  $\frac{3}{4}$ , or total.

The act of May 1, 1926, also provides the rate of \$72 when the claimant requires regular aid and attendance.

The rate should be in harmony with the degree of incapacity for earning a support by manual labor, which has been defined by the Department as meaning work of a useful character performed with bodily exertion or muscular effort. It does not necessarily mean hard work, as with pick and shovel.

The General Law.—Under this law only disabilities which have been contracted in the military or naval service and in line of duty are pensionable. Each disability should be rated separately, from \$2 to \$17, with the following exceptions: When the disability or the sum of the disabilities is equivalent to the loss of a hand or foot for the performance of manual labor the rate should be \$24; if inability to perform any manual labor has resulted therefrom, \$30; if frequent and periodical aid and attendance of another person is necessary, solely by reason of disabilities due to service, \$50; if such person aid and attendance be regular and continual, \$72.



Affidavit.

\*\*\*\*\*

State of Oklahoma ( SS.

County of Grady (

I, Clide C. Mc Intire, being first duly sworn, depose and say that when I returned from the Phillipines and was mustered out at Presidio, Cal. I was approached by a solicitor or pension attorney whose residence was in Washington, but whose name I do, not remember,. I thought the papers I recieved at Lamont, Okla and later at Roswell, N.M. were from this agent. I did not know that this had been put into the hands of the Government and the claim filed there. I explained this to the man who made out my papers of August 8, 1928, but he evidently made no note of it. I have never signed my name as Clide E. but always Clide C. or Clide Clifton Mc Intire.

Clide C. McIntire

Subscribed and sworn to before me this 5<sup>th</sup> day of Sept. 1928

Mary P. Hampton

Notary Public

My Commission Expires May 22 - 1932





Mrs. Ben Hampton, Chairman

Mrs. L. Major, Vice-Chairman

T. H. Dwyer, Treasurer

Miss Irene Thorpe, Executive Secretary

BOARD OF DIRECTORS

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Dr. Martha Bledsoe  
J. W. Kayser  
Mrs. George Dismukes  
Mrs. Ben Hampton  
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Mrs. Morgan Hamilton  
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Mrs. C. B. Hanna  
Mrs. Will Melton  
Mrs. A. B. Leeds  
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B. B. Barefoot  
T. H. Dwyer  
Dr. A. W. Wallace  
J. W. Comer  
J. F. Hatcher  
G. B. Dunlap  
Mr. Roberts, Rush Springs  
Mrs. A. S. Glover, Rush Springs

AMERICAN RED CROSS



HEADQUARTERS

GRADY COUNTY CHAPTER

CHICKASHA, OKLAHOMA

Sept. 5, 1928.

BOARD OF DIRECTORS

Mrs. W. H. Gilkey  
Chairman Home Service  
Mrs. Orin Ashton  
Junior Red Cross Secretary  
and Chairman Life Saving  
Mrs. A. L. Herr  
Chairman Production Committee  
Mrs. George D. Norton  
Chairman Purchasing Committee  
J. E. McNeill  
Chairman Disaster Relief Com.

NATIONAL OFFICERS

Calvin Coolidge - President  
Robert W. DeForest, Vice-President  
William H. Taft - Vice-President  
John Barton Payne Chairman  
James M. Beck Counselor  
Eliot Wadsworth Treasurer  
Wm. Baxter, Jr. St. Louis  
Manager Southwest Division

RE: Invalid Division

(b)(6)

Mr. E. W. Morgan

Acting Commissioner,

Bureau of Pensions

Washington, D.C.

Dear Sir;

Inclosed you will please find the affidavit requested  
in your letter of August 28, 1928, to the above named veteran.

Should you want further affidavits or if there is and way  
in which we can be of service kindly let us know.

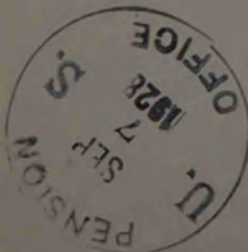
I am

very truly yours,

*Mrs Ben Hampton*

Mrs. Ben Hampton, Exec. Secy.

Grady Co. Chapter, A.R.C.



3-2005

MEDICAL EXAMINATION

Law-Class ACT OF MAY 1, 1928

(b)(6)

SOLDIER

Delide C McIntire  
Address 228 S. 3rd St.  
Chickasha, Okla

ATTORNEY

No  
Address \_\_\_\_\_

M. C. Hon Elmer Thomas  
U.S.S.

Disabilities

impaired vision & hearing  
poor teeth  
stiff & weak legs  
varicose  
lumbago.

Vicious Habits

Date Aug 28/28 M. Devitt Examiner.

U. S. GOVERNMENT PRINTING OFFICE

6-7315



## DECLARATION FOR PENSION.

Act of June 5, 1920.

ACT OF SEPTEMBER 1, 1922

War with Spain, Philippine Insurrection, and China Relief Expedition.

State of Oklahoma, County of Grady, ss:On this 9th day of August, 1928, personally appeared Clyde C. McIntire before me the undersigned, who makes the following declaration as an application for pension under the provisions of the act of Congress approved June 5, 1920.That he is 49 years of age; that he was born August 21st, 1878, at Sedgwick, Kan.That he is the identical Clyde C. McIntire, who ENLISTED Sept. 6, 1899, at Wichita, Kan., under the name of Clyde C. McIntire, in Co. "A" 44th U.S. Vol. Inf'ty (Here state company and regiment, if in the Army; or vessel, if in the Navy.) and was honorablyDISCHARGED June 30, 1901, at Presido, California, having served ninety days or more during the WAR WITH SPAIN, THE PHILIPPINE INSURRECTION, OR CHINA RELIEF EXPEDITION.

That he also served \_\_\_\_\_ (Here give a complete statement of all other military or naval service, if any, at whatever time rendered.)

That otherwise than herein stated he was Not employed in the United States Military or Naval service.That his personal description at time of first enlistment was as follows: Height 5 feet 11 inches; complexion Ruddy color of eyes Brown; color of hair Black; that his occupation was Railroad Worker.That since leaving the service he has resided at Chickasha, Okla. and his occupation has been Boilermaker.That he is suffering from a mental or physical disability of a permanent character, not the result of his own vicious habits, which so incapacitates him from the performance of manual labor as to render him Partly (Wholly or partially.) unable to earn a support, to wit: Poor Vision; Bad teeth; impaired hearing; Stiff and weak legs; Varicocle; Lumbago; (Here state mental or physical disability or disabilities of permanent character.)That he has not applied for pension under Original No. \_\_\_\_\_; that he is \_\_\_\_\_ a pensioner under Certificate No. \_\_\_\_\_

Two attesting witnesses.

(1) Ben Coff (Signature of first witness.)Chickasha, Okla. (Address of first witness.)(2) Matt Sander (Signature of second witness.)Chickasha, Okla. (Address of second witness.)Clyde C. McIntire (Claimant's signature in full.)228 So. 3rd St., (Claimant's address in full.)Chickasha, Okla.Subscribed and sworn to before me this 9th day of August, 1928, and I hereby certify that the contents of the above declaration were fully made known and explained to the applicant before swearing, including the words \_\_\_\_\_ erased, and the words \_\_\_\_\_ added; and that I have no interest, direct or indirect, in the prosecution of this claim.Ben Taylor (Signature.)

Notary Public.

(Official character.)

Chickasha, Oklahoma.

(Post-office address of officer.)

[L. S.]

My commission expires Oct 5th 1920Validity accepted  
as to execution  
Chief, Record Division  
per MA

CLAIMANT SHOULD ANSWER FULLY THE QUESTIONS ON THE BACK OF THIS DECLARATION.



Claimant should answer fully the following:

No. 1. Are you a married man? If so, state your wife's full name and her maiden name. Answer: No.

No. 2. When, where, and by whom were you married to your present wife? Answer: XXX

No. 3. What record of your marriage to her exists? Answer: XXX

No. 4. Were you previously married? Answer: Yes. If so, state the name of your former wife or wives, the date of your marriage to each, and the date and place of death or divorce of each former wife? Answer: Vivian Rounds, February, 1913

Have not heard from former wife in 6 years, beleive she is dead.

No. 5. Have you any children living? If so, state their names and the dates of their birth. Answer: No.

(Signature of claimant.)

Any person who served ninety days or more in the military or naval service of the United States during the War with Spain, the Philippine Insurrection, or the China Relief Expedition, who has been honorably discharged from date of filing declaration, upon proof that the disability then existed. Any person who served as noted above and who has reached the age of 62 years is entitled to a pension of \$12 per month; 68 years, \$18 per month; 72 years, \$24 per month; and 75 years, \$30 per month.

ACT OF JUNE 5, 1920.

# DECLARATION FOR PENSION

3-002

Act of June 5, 1920.

WAR WITH SPAIN, PHILIPPINE INSUR-  
RECTION, AND CHINA RELIEF  
EXPEDITION.

COPY

(b)(6)

Claimant

Soldier

Service

INSTRUCTIONS.

This form is to be used only in behalf of a soldier or sailor from whom it is desired to claim pension under the Act of June 5, 1920, who served ninety days or more in the military or naval service of the United States during the War with Spain, the Philippine Insurrection, and the China Relief Expedition.

Declaration and testimony in support of the claim must be executed before some officer authorized to administer oaths for general purposes. If such officer is not required by law to have and use a seal, his official character, signature and term of office must be certified by the proper State, county, or city officer under his official seal, unless a certificate has been filed in the Bureau of Pensions for general reference.

6-0195

GOVERNMENT PRINTING OFFICE

VBA FROM A RECORD IN VA'S POSSESSION





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

Invalid Division

August 23, 1928

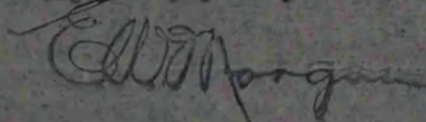
Hon. Elmer Thomas,  
United States Senate.

My dear Senator:

In response to your letter relative to this claim under the act of May 1, 1926, filed Aug. 14, 1928, I. O. 1271629, of Clyde C. McIntire, whose address is 228 South 3rd St., Chickasha, Okla., and who served in Co. A, 44th U. S. Vol. Inf., I have to advise you that the claim requires the sworn statement indicated in the enclosed copies of a letter, addressed to the claimant this date.

The claim has been submitted to the Medical Division for consideration of the propriety of the issuance of an order for the medical examination of the claimant. If medical examination is warranted at this time the claimant will receive an order at an early date directing him where to appear for examination. Should a medical examination be not warranted the reasons therefor will be promptly given to the claimant.

Very truly yours,



E. V. MORGAN  
Acting Commissioner.

EMM/EM



CHARLES L. McNARY, OREG., CHAIRMAN  
GEORGE W. NORRIS, NEBR.  
ARTHUR CAPPER, KANS.  
PETER NORBECK, S. DAK.  
LYNN J. FRAZIER, DAK.  
ARTHUR R. GOUGH, TEX.  
BRONSON CUTT, ILL.  
HENRIK SHIPSTEAD, MINN.  
ELLISON D. SMITH, S. C.  
JOSEPH E. RANDELL, LA.  
JOHN B. KENDRICK, WYO.  
J. THOMAS HEFLIN, ALA.  
THADDEUS H. CARAWAY, ARK.  
EARLE D. MAYFIELD, TEX.  
BURTON K. WHEELER, MONT.  
ELMER THOMAS, OKLA.

H. K. KIEFER, CLERK

## United States Senate

COMMITTEE ON  
AGRICULTURE AND FORESTRY

August 13, 1928.

Re: McINTIRE, Clyde C.  
Spanish-American War  
veteran.

Hon. Winfield Scott,  
Commissioner,  
Bureau of Pensions,  
Washington, D. C.

My dear General Scott:

I am enclosing application of Clyde C. McIntire  
for pension benefits under the provisions of the  
Act of May 1, 1926.

Thanking you in advance for authorizing prompt and  
favorable consideration of this claim, and for a  
report of action taken in the case, I am

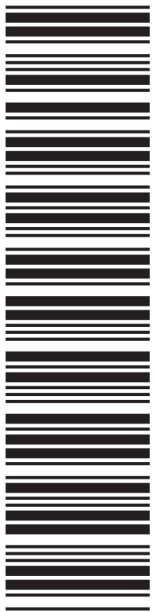
Yours most cordially,

*Elmer Thomas*  
By, M. E. P.





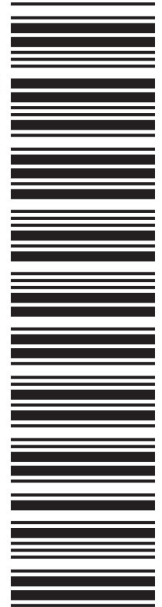
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



Invalid Division  
A. O. 1871-29  
Clide C. McInnis  
A, 46th U. S. Vol. Inf.

August 28, 1928

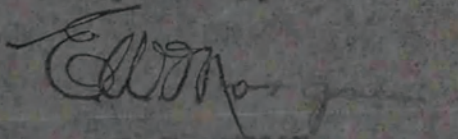
Mr. Clide C. McInnis,  
215 E. 3rd St.,  
Chickasha, Okla.

Sir:

In your claim under the act of May 1, 1900, filed Aug. 14, 1928, you state in your declaration that you had not applied for pension prior to filing the claim above noted, while it appears that one Clide C. McInnis, living at Larned, Okla., in July 1901, filed a claim for pension based on the service you allege.

You should state under oath whether you filed the claim received in this Bureau in July 1901, and, if so, you should explain your statement in your declaration filed Aug. 14, 1928, that you had not filed a prior claim.

Respectfully,

  
E. W. LARKIN  
Acting Commissioner.

WMD/SM

*Pension Call Slip.*

WAR WITH SPAIN.

(b)(6)

Certificate No. ....

Claimant .....

Soldier *Chide C Mc Intire*

Co. *A 44* Reg't

*US Inf.* Vol.

HON. COMMISSIONER OF PENSIONS,

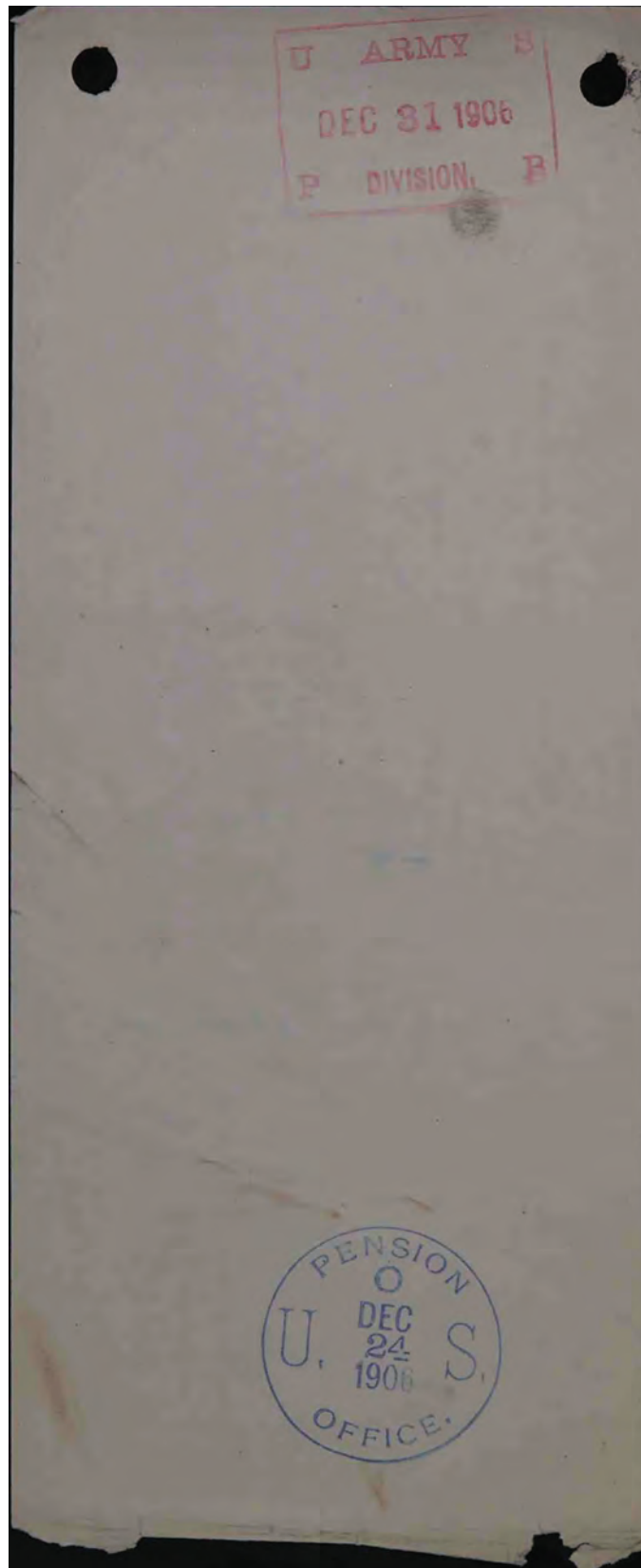
Dear Sir: .

I have the honor to request the present status of above cited claim. I have advised claimant fully as to the requirements of your office in the case. If anything additional is needed, please inform me. Very respectfully,

*O E Howe*

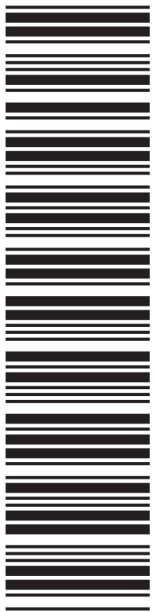
Attorney.







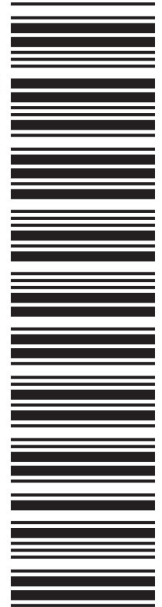
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



MILITARY SECRETARY'S OFFICE

JUL 7 1906  
2544887 9061

WAR DEPARTMENT

WAR WITH SPAIN

3-334.

ARMY Div. C. K. F., Ex'r.

Inv. Orig. (b)(6)  
Slide C. W. Intire  
A. 44<sup>th</sup> U. S. Vol. Inf.

Department of the Interior,  
BUREAU OF PENSIONS,

WASHINGTON, July 5<sup>th</sup>, 1906.

SIR:

For use in the above-entitled claim for pension please furnish a report from the records of your office as to the presence or absence on or about

January to July 1900.  
of Milton H. Watrous

A. 44<sup>th</sup> U. S. V. Inf.

live in rank.

and the station at that time of the

Very respectfully,

V. Warner  
Commissioner.

THE MILITARY SECRETARY,  
WAR DEPARTMENT.

0-4

War Department,

THE MILITARY SECRETARY'S OFFICE,

WASHINGTON,

JUL 7 1906

Respectfully returned to the

Commissioner of Pensions.

The rolls show that

Milton H. Watrous  
2<sup>nd</sup> M. Sergeant

mentioned in the preceding indorsement was present during the period named in that indorsement ~~except as follows~~:

PENSION  
JUL 9 S.  
U. S. 1906

During the period named the station of the company and regiment was as follows:

Regiment, C. S. to Apr. 5<sup>th</sup>  
Dulag, C. S. to May 25<sup>th</sup>  
Hilongos, C. S. to July 1, 1900.

Per  
The Military Secretary,  
Plafimeworth



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



WAR WITH SPAIN.

ARMY.

Div.

3-442.

Ex'r.

No. (b)(6)

Slide Co. Mc Intire  
A-44" U. S. V. Inf.

P. O. Roswell, N. M.

Enlisted Sept 6", 1899.

Discharged June 30", 1901

Disability incurred July 1900

# Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., July 5, 1906.

Chief, Record Division:

Please furnish the names and post-office addresses of officers and comrades of Co. A, 44" Reg't U. S. V. Inf. (If not on file give others.)

J. C. Hart  
ARMY.

Chief, Div.

NAME.	RANK.	PRESENT POST-OFFICE ADDRESS.	WITNESS ACCOUNTED FOR BY—
Shackles		not on file	
H. C. Potest		Copeville Collins Co Texas	
W. P. Aber		Great Bend Barton Kas	
Wright		not on file	
Chas L. Delinger	Priv	Marion McDowell Co N.C.	
Chas O. Fort	1st Sgt	State Sol. Home Lafayette Ind	
John R Ketcham Jr	Capt	University Club Indianapolis	
L. W. Mallonee	Sgt	Wichita Sedgwick Co Kas	
Jno. S Newberry	1st Sgt	Worth Tarrant Tex	
Proster C. Shirley	"	710 N. Claypool St. Indianapolis Ind	
Milton H. Watsons	Sgt	Susquehanna Pa	

Respectfully returned to Chief, Army Division, with the desired information as far as known.

G. C. Kniffin

Chief, Record Division.

JUL 11 1906

190



*Folder July 10, 1906*

RECORD DIVISION.

LIST OF  
OFFICERS AND COMRADES.

*Co. A, 44 Reg't U.S.V. Inf*

FOR USE IN CLAIM

[REDACTED] (b)(6)





THE ORIENTAL

J. P. CHURCH



Roswell, New Mexico, 6/20 1906

Dr G. E. How.

Dear Sir,

I will inclose a few names.

and you can find there address.  
for me and I will do all I can  
J. Shackner. Poteet, Aber. — and  
Bright.

yours Truly

Chas M. Lintier



ARMY  
JUN 30 1901  
STATION



WAR WITH SPAIN

Pension Call Slip.

Application No.

(b)(6)

Certificate No.

Claimant

Soldier

Clide C. McIntire

Co.

A

44

Reg't,

US Inf.

Vol.

HON. COMMISSIONER OF PENSIONS,

Dear Sir:

ARMY

Please furnish  
addresses of parties  
mentioned in  
attached letter  
so that claimant  
may correspond  
with them and  
secure evidence  
in support of his  
claim under the  
General Law.

Respectfully  
O. E. Howe





WAR WITH SPAIN

Pension Call Slip.

Application No.

(b)(6)

Certificate No.

Claimant

Soldier

Clair C McIntire

Co.

A 44

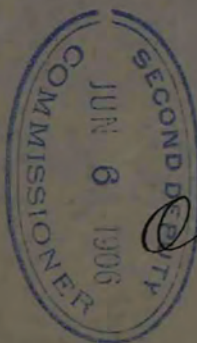
Reg't,

US Inf

Vol.

INFORMATION WANTED.

Papers,



E. Howe



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



State of Pennsylvania, County of Susquehanna, ss:

In the matter of Pension Claim of Leitch L. McEntire  
Co. A, 44 Reg't U.S. Vols.

Personally came before me, a Notary Public in and for said County  
and State, Milton H. Watrous aged 32 years,  
whose Post-office address is Susquehanna County of Susquehanna  
State of Pennsylvania, well known to me to be reputable and entitled to credit, and  
who, being duly sworn, declares in relation to the aforesaid claim as follows:

I am well acquainted McEntire and remember  
that he was sick a good many times while we were  
stationed at Bacold Hill and Matilom.  
McEntire was a good soldier and always ready for  
duty, when called for duty. He was honest, sober and  
one of the bravest men in the company.  
This is from my own personal  
knowledge.

Milton H. Watrous A. M. Supt.  
Co. "A" 44 Reg't. U. S. Vol. Inf.  
Susquehanna  
Susquehanna  
P. A.



Affiant's knowledge of above facts is from

ATTEST—When any affiant signs by X mark—(two witnesses).

X Thomas D. Bled  
X Harriet M. Johnston

Signature of  
Affiant.

X Milton H. Watrous  
X Co. "A" 44 Reg't. U. S. Vol. Inf.  
Rank A. M. Supt.

Filed by O. E. HOWE, Attorney for Claimant.



Sworn to and subscribed before me this day by the above named affiant and I read the affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in this case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credit able person + so reported

N. B. in community where he resides

☒ Officer will please fill out blank line marked N. B. in his own hand writing.

(☒ State whether or not witness is a creditable person, and so reputed in the community in which he resides.)

Witness my hand and official seal this 22 day of May 1906,

OFFICIAL SIGNATURE (Sign here)

Harriet M. Johnston

Notary Public

My Commission expires

January 25, 1907.

(b)(6)

CLAIM OF

General Affidavit.

Chas. C. McFuttre  
Co. 44 Reg't.  
U.S. Inf't. vol.

O. E. HOWE,

ATTORNEY,

WASHINGTON, D. C.





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

State of Massachusetts, County of Suffolk, ss:

In the matter of Pension Claim of Clide C. McIntire

Corporal Co. A., 44th Reg't Infantry U.S. Vols.

Personally came before me, a Notary Public in and for said County

and State, John L. Ketcham, Jr. aged 33 years,

whose Post-office address is University Club ~~County of~~ Indianapolis,

State of Indiana, well known to me to be reputable and entitled to credit, and

who, being duly sworn, declares in relation to the aforesaid claim as follows:

That Clide C. McIntire was mustered into Company A, 44th  
Infantry, U. S. V. about October 1st, 1899, served with the Company  
as private and corporal from then until he was mustered out, June  
30, 1901. He was engaged in field service of a trying nature to  
a considerable extent. He bore a good character, & was on the sick  
report from time to time, with ailments in the line of duty. I do  
not remember the precise nature of his illness; It is my impression  
that on muster out his <sup>physical</sup> ~~XXXXX~~ condition was not nearly so good as  
it was at the time he was mustered in. - - - - -



Affiant's knowledge of above facts is from personal observation.

ATTEST—When any affiant signs by X mark—(two witnesses).

X \_\_\_\_\_  
X \_\_\_\_\_

Signature of  
Affiant.

X John L. Ketcham, Jr.  
X Sole  
Rank Capt. 44th Inf. U.S.V.

Filed by O. E. HOWE, Attorney for Claimant.



Sworn to and subscribed before me this day by the above named affiant and I read the affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in this case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a creditable person and so reputed  
N. B. in the community in which he resides

☒ Officer will please fill out blank line marked N. B. in his own hand writing.

(☒ State whether or not witness is a creditable person, and so reputed in the community in which he resides.)

Witness my hand and official seal this 25<sup>th</sup> day of April 1906

OFFICIAL SIGNATURE (Sign here)

Eugene C. Lipton  
Notary Public

My Commission expires Nov - 1908

WAR WITH SPAIN

(b)(6)

General Affidavit.

CLAIM OF

Blida C. McArthur  
Co. A 44  
US Inf. Reg't. Vol.

ARMY &  
MAY 7 1906  
DIVISION

O. E. HOWE,  
ATTORNEY,  
WASHINGTON, D. C.



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



Ex'r.

No

(b)(6)

Slide C. Mt. Sature  
A. 44. U. S. Nat. Def  
Marine Spain.

## WASHINGTON

April 24, 1906

For use in the above-entitled claim for pension  
please furnish a report from the records of your  
office as to the presence or absence on or about

Jan. 21st July, 1900  
of Charles C. Fort.  
A. 44. U.S. Nat. Inf.

Please state rank  
and the station at that time of the  
Command

Very respectfully,

Y. Warner.

*Commissioner*

THE MILITARY SECRETARY,  
WAR DEPARTMENT

11

15215b15m10-0

THE MILITARY SECRETARY'S OFFICE.

WASHINGTON,

Respectfully returned to the

Commissioner of Pensions.

The rolls show that


Charles O. Fort - 1 Sergt

mentioned in the preceding indorsement ~~was~~  
present during the period named in that indorse-  
ment except as follows: M. Out roll, Co  
dated June 30 01 shows him  
Detached garrison Murcia P.I.  
Jan 10 to 24. 1900 On expedition in  
mountains Negros P.I. Jan 15/00  
Return for Jan/00 shows only absence  
as above Return for July/00 does not  
show him absent.

During the period named the station of the company ~~and regiment~~ was as follows:-----

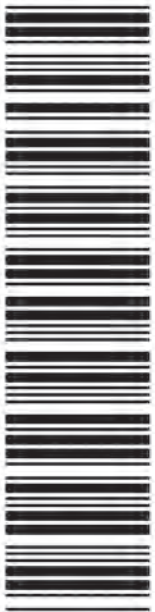
Jan 31-00 Isl. Negros P. I.  
July /00 Hilongas, Leyte P. I.

Flafinsworth  
The Military Secretary.

Per 



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



ARMY.

3-375.  
(Old No. 3-489.)

R. L. W., Ex'r.

Sur. Q. No. (b)(6)  
Clide C. M. S. S. S. S.  
A. 44. U. S. S. S. S.  
War with Spain

# Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., April 24, 1906

SIR:

To aid this Bureau in the adjudication of the above-entitled claim for pension, please furnish a statement in your own handwriting setting forth all the facts within your personal knowledge relative to the incurrence of any wound, injury, or disease, by the above named soldier while in the service with you.

In your reply please be as specific as possible in respect to dates, and describe, as clearly as you can, the nature, symptoms, and extent of the disability.

Kindly answer upon the reverse of this letter and return the same in the inclosed envelope, which requires no postage.

Very respectfully,

V. Warner.

Commissioner.

Mr Charles C. Fort  
Indiana State Soldier Home,  
Beech Grove, Ind.

NOTE.—If you are unable to write, it is suggested that you request some competent person to aid you in replying to this circular, your signature to be witnessed by the Postmaster or some other United States official, who should certify that the contents were fully made known to you before signing.





Post-office address: La Fayette, Ind. I. S. S. Home

May 3, 1906

SIR:

In reply to your request I have to state that Clide C. McIntire was a soldier in Co. A, 44 Inf. U. S. I. and was frequently on sick report during his service in the Philippine Isd., while I was 1st Sgt of the Company. As near as I recall he had malaria and suffered with sores on feet and other parts of body to such extent as to render him unable for duty. I can recall no exact dates but his trouble occurred at intervals during first five or six months of the year 1900. During August of that year I left the Company to be discharged for disability and know nothing of his condition since that time.

Very respectfully,

Charles O. Fort

COMMISSIONER OF PENSIONS,

Washington, D. C.

(Late) 1st Sgt Co A 44 Inf U. S. I.





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

State of INDIANA, County of TIPPECANOE, ss:

In the matter of Pension Claim of Clyde C. McIntire  
Co. A, 44 Reg't U. S. Inf Vols.

Personally came before me, a NOTARY PUBLIC, in and for said County  
and State, Charles O. Fort aged 39 years,  
whose Post-office address is Indiana State Soldiers Home, County of TIPPECANOE,  
State of INDIANA, well known to me to be reputable and entitled to credit, and

who, being duly sworn, declares in relation to the aforesaid claim as follows:

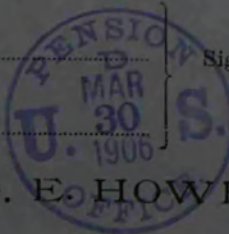
Clyde C. McIntire was a Private in Co. A  
44<sup>th</sup> Inf. U. S. I., of which I was 1st Sergeant. I recall  
that during his service he was frequently on  
sick report suffering with malaria and other  
diseases peculiar to the climate in the Philippines  
where we served. The exact dates I do not recall  
but it was during the first six months of the  
year 1900, while stationed at Bacolod, Negros,  
Davao and Hilongos, Leyte. I know nothing of  
his condition after August 1900, as I left the  
Company then to be discharged for disability.

Affiant's knowledge of above facts is from

ATTEST—When any affiant signs by X mark—(two witnesses).

X

X



Signature of  
Affiant.

X

X

Rank

Charles O. Fort

1st Sergeant Co. A 44<sup>th</sup> Inf  
U. S. I.

Filed by O. E. HOWE, Attorney for Claimant.



Sworn to and subscribed before me this day by the above named affiant and I read the affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in this case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a credible person + so reputed in

N. B. the community in which he resides

Officer will please fill out blank line marked N. B. in his own hand writing.

(State whether or not witness is a creditable person, and so reputed in the community in which he resides.)

Witness my hand and official seal this 17 day of March 1906

OFFICIAL SIGNATURE (Sign here) S. Swanley

Notary Public,

MY COMMISSION

La. avenue, Ind.

My Commission expires

(b)(6)

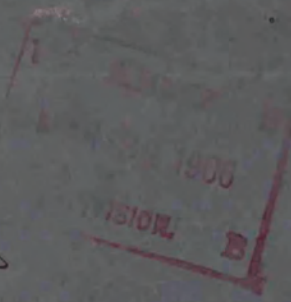
General Affidavit.

CLAIM OF

Clode C. McIntire

44 Reg't.

Volts.



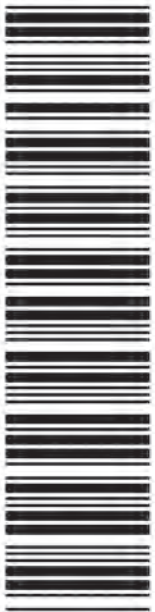
O. E. HOWE,

ATTORNEY,

WASHINGTON, D. C.



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



R. L. L.

1906

(b)(6)

Dec. 1919

Slide 6. M<sup>5</sup> Desert

A. 44, U.S. vol. Sup

P. O. Russell N.H., Ind.

Enlisted Sept. 6, 1897

Discharged June 30, 1890

Disability incurred July 19, 1880

## Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., March 9, 1906

*Chief, Record Division:*

Please furnish the names and post-office addresses of officers and comrades  
of Co. A, 44 Reg't U.S. Inf.

*Chief,*

*Div.*

[illegible]

Respectfully returned to Chief, Army Division, with the  
desired information as far as known.

190

Chief, Record Division.

RECORD DIVISION.

LIST OF  
OFFICERS AND COMRADES.

Co. A, 44 Reg't U.S.V. Inf

FOR USE IN CLAIM

[REDACTED] (g)(9)

BUREAU  
MAR 10 1906  
RECORD DIVISION.  
A. & N. S. SECTION,  
PENSIONS.





Raswell

H.M.

3/27 1906

Dr. A. E. Howl.

Dear Sir.

I received notice of death  
and will say I do not  
know where any one of  
my Co. is

So please find address.

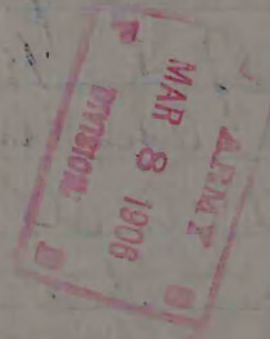
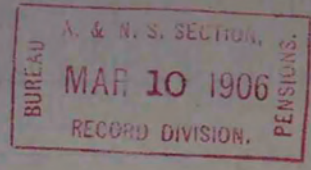
C. J. J. L. Rettehara Captain  
And, Charles A. Trexler. Private

And I will see what  
I can do.

Respectfully Yours.

C. C. McIntire







WITH SPAIN  
Pension Call Slip.

Application No.

(b)(6)

Certificate No.

Claimant

Soldier

Clide C. McIntire

Co.

A, 44

Reg't,

US Inf. Vol.

HON. COMMISSIONER OF PENSIONS,

Dear Sir:

Please furnish addresses of parties mentioned in attached letter so that claimant may correspond with them and secure evidence in support of his claim under the General Law.

Respectfully  
O. E. How





*Pension Call Slip.*

WAR WITH SPAIN

*Application No.*

(b)(6)

*Certificate No.*

*Claimant*

*Soldier*

*Leide C Mc Intire*

*Co.*

*A 44*

*Reg't,*

*US Inf*

*Vol.*

HON. COMMISSIONER OF PENSIONS,

Dear Sir:

Please furnish me with  
the present status of above  
cited claim, Old ~~and New~~ Law.  
I have instructed claimant  
fully as to the requirements  
of the case. If anything ad-  
ditional is required, inform  
me.

Very respectfully,

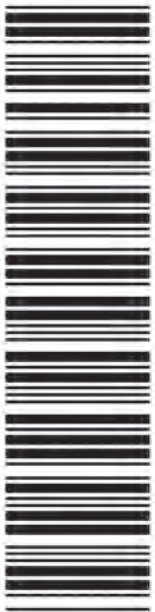
O. E. HOWE.







\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

In. Brig. (b)(6)

*Glenn C. McIntire*  
A, 44, U. S. Vol. Inf.

# Department of the Interior,

## BUREAU OF PENSIONS,

*war with Spain*

THE ABOVE TITLE SHOULD BE INDORSED ON EVERY  
PAPER RELATING TO THIS CLAIM.

Washington, D. C., Jan. 16, 1905

Sir,

In the above-entitled claim,  
the claimant is required to fur-  
nish his own affidavit setting  
forth the name of the urinary  
organs which are affected,  
and when and where said  
affection first appeared.

Very respectfully,

*J. L. Harcourt*

Acting Commissioner

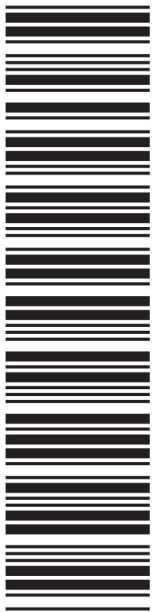
Mr. C. E. Home,  
City.







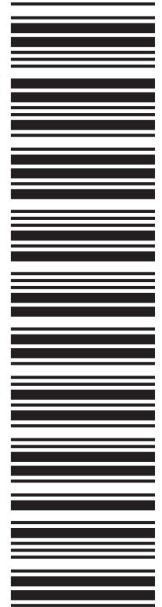
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

Territory of New Mexico, County of Chavez

00:

DIVISION. E

In the matter of Pension Claim of

Eladio C. McIntire

Co. A

Reg't 44<sup>th</sup>

Vols.

Personally came before me, a

Notary Public

In and for said County

and State,

Territory Eladio C. McIntire

aged 37 years,

whose Post-office address is

Roswell

County of Chavez

Territory New Mexico

State of New Mexico, well known to me to be reputable and entitled to credit, and

who, being duly sworn, declares in relation to the aforesaid claim as follows:

I have been troubled with my kidneys, since May - 1900 at Dulog - Latic island I have lung trouble. Cold settled on lungs. on Expedition across Mts from Hilongos to Consolacion. on Oct 3. 1900

Affiant's knowledge of above facts is from

ATTEST—When any affiant signs by X mark—(two witnesses).

X

Signature of  
Affiant.

X

Eladio C. McIntire

X

Rank

X

Filed by O. E. HOWE, Attorney for Claimant.





Sworn to and subscribed before me this day by the above named affiant and I read the affidavit to said affiant and acquainted him with its contents before he executed the same. I further certify that I am in no wise interested in this case, nor am I concerned in its prosecution; and that said affiant is personally known to me and that he is a Reputable Person

N. B. \_\_\_\_\_

☒ Officer will please fill out blank line marked N. B. in his own hand writing.

(☐ State whether or not witness is a creditable person, and so situated in the community in which he resides.)

Witness my hand and official seal this 9<sup>th</sup> day of September 1904

OFFICIAL SIGNATURE (Sign here) J. B. Bailey  
Notary Public

My Commission expires July 20<sup>th</sup> 1908

WAR WITH SPAIN.

(b)(6)

General Affidavit.

CLAIM OF

Charles C. McArthur  
Co. 4 Regt.  
US Inf Vol.

O. E. HOWE,  
ATTORNEY,  
WASHINGTON, D. C.

WAR WITH SPAIN

Pension Call Slip.

Application No.

(b)(6)

Certificate No.

Claimant

Soldier

*Edw. B. McIntire*  
*Priv. Co. A* *44* *Reg't,*  
*U. S. Inf.* *Vol.*

HON. COMMISSIONER OF PENSIONS,

Dear Sir:

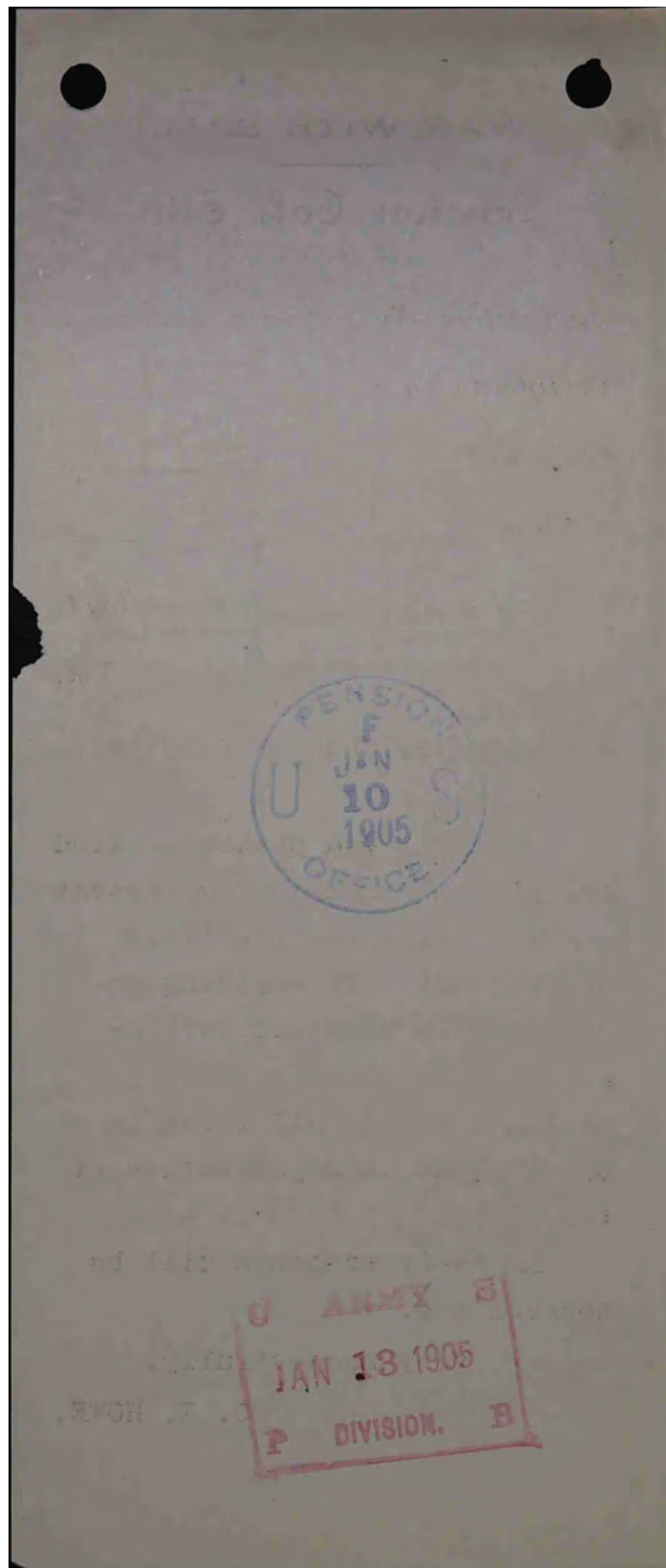
Will you please be kind enough to furnish me the present status of the pending claim above cited. If anything additional is required to complete the case, will notify claimant and do all I can to bring about an adjudication of the claim.

An early response will be appreciated.

Very respectfully,

O. E. HOWE.







\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



WAR WITH SPAIN  
Pension Call Slip.

Application No. (b)(6)

Certificate No. ....

Claimant .....

Soldier *Chas C McIntire*

Co. *A* *44* Reg't,

*1st* *Inf.* Vol.

INFORMATION WANTED.

Papers,

*O E Howe*



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



RECORDS & PENSION OFFICE

(b)(6)

WAR DEPARTMENT

*War with Spain.*

3-050.  
(Old No. 3-464.)

*C. W. Nash* Div. *S. H. L.* Ex'r.

Department of the Interior,  
BUREAU OF PENSIONS,

*L. J.* Washington, D. C., *25*, 190*2*,

Respectfully *referred to the*  
*Chief of the Record and*  
*Pension Office, War*  
*Department, request-*  
*ing a report showing*  
*what additional*  
*treatment, the medical*  
*records may now*  
*afford*

*Inv. Cris* (b)(6)  
*Clide C. McIntire*  
*A. 44, U. S. V. Inf.*

*L. J. Davenport*  
Acting Commissioner.

Address: "Chief of the Record and Pension Office,  
War Department, Washington, D. C."

Record and Pension Office,

WAR DEPARTMENT,

Washington. *SEP 27 1902*

Respectfully returned to the

Commissioner of Pensions,

with the information that in the case of  
*Clide C. McIntire*  
*Co. A, 44 U. S. V. Inf.*  
no medical record has  
been found, additional  
to that furnished in  
statement, dated Aug. 19  
1901, herewith.

O. W. & N. DIVISION  
SEP 29 1902  
RECEIVED.

RECEIVED  
SEP 29  
1902  
OFFICE.

*A. B. Smith*  
Chief, Record and Pension Office.

Per

CALL SLIP.  
PRESENT STATUS WANTED.  
War With Spain.

Application (b)(6)

Certificate No. ....

Claimant .....

Soldier *Clide C. McIntire*  
*Priv* Co. *A*, *44* Reg't,  
*U.S. Inf.* Vol.

COMMISSIONER OF PENSIONS,

Dear Sir:

I have the honor to call on your department for present status of above cited claim. I have repeatedly called on claimant for the required evidence in support of same. If anything additional is required please inform me and there will be no delay on my part.

Very respectfully,

*O E Howe*



**ROUTING SLIP**  
TO THE FOLLOWING IN

1	TO	
2	TO	
3	TO	

CALL

O. W. & N. DIVISION

SLIP 187 1902

RECEIVED

PRESENT STATUS WANTED.

War With Spain.

Application No.

(b)(6)

Certificate No.

Claimant

Soldier

Clide C McIntire

Priv Co. A

44

Reg't

U S Inf

Vol.

COMMISSIONER OF PENSIONS.

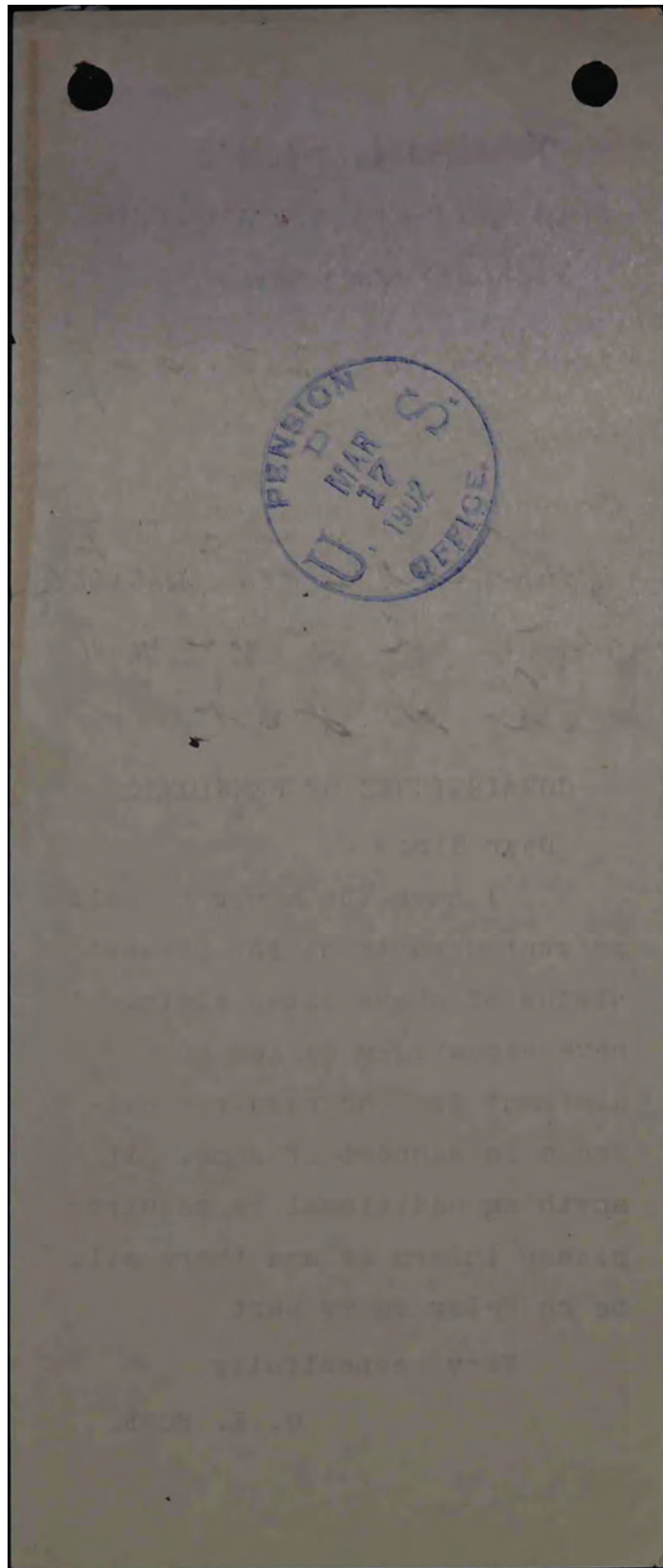
Dear Sir:

I have the honor to call on your department for present status of above cited claim. I have repeatedly called on claimant for the required evidence in support of same. If anything additional is required please inform me and there will be no delay on my part

Very respectfully,

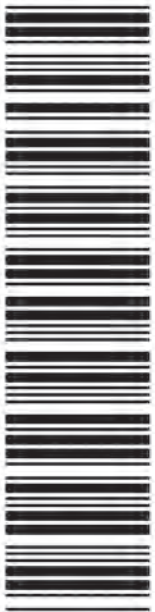
O. E. HOWE.







\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



L. J. W.

## WAR WITH SPAIN.

### Department of the Interior, BUREAU OF PENSIONS,

Washington, D. C., July 7, 1902

Dr. E. E. Goodrick, Secy.  
Enid

Co. Garfield Okla. Ter.  
(State.)

Sir:

Mr. Clyde C. McIntire

P. O. Lamont  
Co. Grant Okla. Ter.  
(State.)

late a Corporal  
Co. A, 44 Regiment U. S. T. Inf.  
(State.)

an applicant for Original

Invalid Pension No.

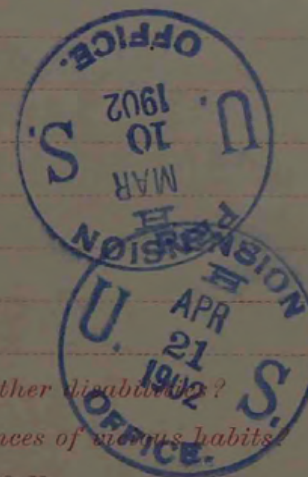
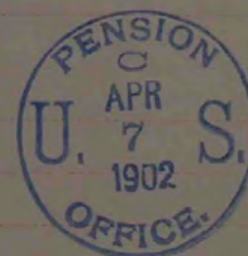
(b)(6)

has been directed to report himself to you for

examination on account of disability from

blindness resulting from  
malarial poisoning, result-  
disease of urinary organs,  
lumbago, derangement of  
nervous system, disease  
of stomach, bowels and  
(over)

disease of heart-



Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

H. CLAY EVANS,  
Commissioner.



## WAR WITH SPAIN.

### TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

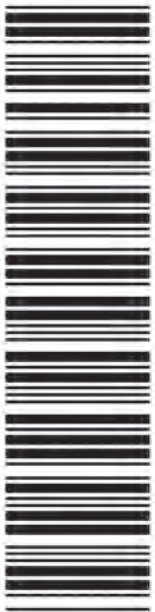
Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular **must be returned to this Bureau with your certificate of examination**, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

Tarrant  
Jan 13/12

Mr O. E. Howe  
Sir

I was not up before  
the board I have been  
down South since the  
first of Sep. for my health  
and did not get any  
of my mail till I came  
home to day.  
And now it  
is to late to go for  
examination  
I was ready to go  
If I had have been  
here

Respectfully

note  
that C. C.  
and not C. C.  
C. C. McIntire

W. M. D. H. S.  
JAN 25 1902  
RECEIVED



*Pension Call Slip.*

~~WAR WITH SPAIN~~

*Application* (b)(6)

*Certificate No.* .....

*Claimant* .....

*Soldier* Clide C. McIntire

*Priv.* Co. A, 44" *Reg't,*

*U. S. Inf't.* *Vol.*

HON. COMMISSIONER OF PENSIONS,

Dear Sir:

Attention is respectfully invited to attached letter. Please issue an order for claimant's examination, in place of the one recently issued.

Respectfully,

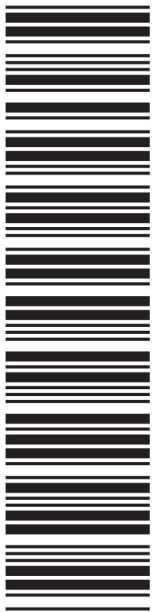
O. F. Howe.







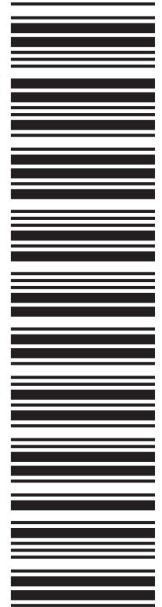
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

L. J. W.

3-495.

(Old No. 3-100 a.)

U. S. DIVISION

WAR WITH SPAIN.

REC-11

Department of the Interior,  
BUREAU OF PENSIONS,

Washington, D. C., Oct. 5, 1901.

Dr. C. F. Chambliss, Secretary,

Enid

Co. Garfield Okla. Terr.  
(State.)

Sir:

Slide C. McIntire

P. O. Lamont

Co. Grant Okla. Terr.  
(State.)

late a Corporal

Co. A 44 Regiment U. S. T. T.  
(State.)

an applicant for Original

Invalid Pension No. (b)(6)

has been directed to report himself to you for

examination on account of disability from

Cold resulting Catarrh.

Malarial poisoning re-

sulting disease of urinary

organs, lumbago + derange-

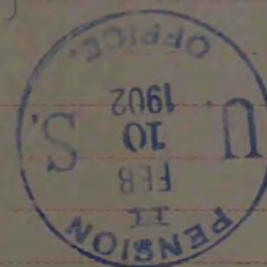
ment of nervous system.

also disease of stomach

(over)

bowels and heart.

7/5/1902  
Applicant failed to appear  
within the specified time  
C. E. Evans  
H. A. Evans  
R. E. Knight



Are there any other disabilities?

Are there evidences of vicious habits?

Very respectfully,

H. CLAY EVANS,  
Commissioner.



(EXAMINING SURGEON'S VOUCHER.)

3-495.  
(Old No. 3-100 a.)

## WAR WITH SPAIN.

### TO THE EXAMINING SURGEON.

The claimant named on the outside of this circular has been directed to report himself to you for examination within three months of the date hereof, when the validity of the order will cease.

Should he present himself, please examine him and make your report to this Bureau at once, in accordance with the instructions of the pamphlet already transmitted to you.

(1) Orders for examination are issued in duplicate, one to the claimant and one to the examining surgeon, or board of examining surgeons. These orders should be carefully compared before an examination is made, as certificates of examination made upon orders issued to other boards or surgeons will not be accepted or paid for, except in cases in which this Bureau may direct such action by special instructions.

Any order received by a surgeon which is intended for another, should be immediately remailed to this Bureau in a separate envelope, together with the envelope in which it was received.

(2) If the order to the surgeon fails to reach him, and the applicant presents himself with *his* order, the examination should be made; or, if the claimant presents himself without an order, and the surgeon has one in his possession authorizing the examination, it should be made.

(3) Orders for examination received by the surgeons should be carefully filed, and at the expiration of three months from their respective dates, if the claimants have not reported, they must be returned and each order of this character must be indorsed "*Claimant failed to appear within the specified time.*"

Whenever a claimant shall have been ordered before a board of examining surgeons, and shall appear for examination, all the members of said board shall participate in said examination; nor will any certificate be accepted from such board which fails to show that all the members of the board participated therein, save only and except that in case the claimant, on appearing, shall find a less number of surgeons than the full board, the examination may proceed with the consent of the claimant expressed in writing on the certificate reciting such fact, and agreeing nevertheless that the examination shall proceed; and in that case such claimant shall be held to have waived the privilege of the statute relative to examination by a full board. (See forms on back of Medical Certificate.)

This Circular **must be returned to this Bureau with your certificate of examination**, accompanied by your daily account, or in the event of the person named in it failing to report within the specified time, return it indorsed as required by paragraph 3 of the instructions quoted above.



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



DESCRIPTION, PHYSICAL RECORD, AND ENLISTMENT.

U. S. VOLUNTEERS.

Act of March 2, 1899.

Name: Clyde C. McIntire Age, 21 years  
1 months. Height, 5 feet, 10 1/2 inches. Complexion, dark Eyes, brown  
 Hair, Brown Born at \_\_\_\_\_ County of Harvey  
 State of Kansas Occupation, now R. R. Enlisted on the 6<sup>th</sup>  
 day of Sept, 1899, at Wichita in the State of Kansas  
 by Ralph Higalls for the period ending June 30, 1901. Residence, Lamart Okla  
 Married or single, Single Name of wife, relative, guardian, or friend who is to be notified in case of  
 emergency: Thomas S. McIntire, father  
 Address of same: Lamart Okla  
 Previous military or naval service (not militia): 1<sup>st</sup> enlistment  
 Remarks: \_\_\_\_\_

I certify that I have carefully examined the above-named man, that he was perfectly sober when enlisted, that, in my opinion, he is free from all bodily defects and mental infirmity which would in any way disqualify him from performing the duties of a soldier.

Ralph Higalls  
1<sup>st</sup> Lt. 1<sup>st</sup> Regt. C. S. V. Inf.  
 Recruiting Officer.

Physical Record.

Personal marks: Scarred Sep. 7, 1899  
 Chest: Expiration, inches 31 inspiration, inches 34 1/2 Weight, stripped, 137 lbs. Piles, no  
 Rheumatism, no Varicose veins, no Varicocoele, no  
 Coughs, no Hernia, no Feet, good Previous sickness, \_\_\_\_\_  
 Eyes, normal Hearing, normal Heart, normal Teeth, sound  
 Remarks: \* \_\_\_\_\_

I CERTIFY that this man is a fit subject for military service.

Bluffman M. D.  
 Examining Surgeon.

\* All defects discovered in the medical examination, not sufficient to reject, but which might be aggravated by the soldier's duties, will be here noted.  
 (A. G. O. No. 8, Yolo, amended June 20, 1899.)

\* I, Clyde C. McArthur do hereby acknowledge to have voluntarily  
enlisted this 6th day of September 1899 as a SOLDIER in the VOLUNTEER  
ARMY OF THE UNITED STATES OF AMERICA for the period ending June 30, 1901, unless sooner discharged by proper  
authority; and do also agree to accept from the United States such bounty, pay, rations, and clothing as are or may be  
established by law. And I do solemnly swear (or affirm) that I will bear true faith and allegiance to the United States of  
America, and that I will serve them honestly and faithfully against all their enemies whomsoever; and that I will obey the  
orders of the President of the United States and the orders of the officers appointed over me, according to the Rules and  
Articles of War.

Subscribed and duly sworn to before me this 6th day of September A. D. 1899  
Charles C. McArthur  
Recruiting Officer

\*NOTE—The acknowledgment and oath will not be executed until the man has been accepted by the Examining Surgeon.

Enlisted at Mobile, Ala. on  
the 6 day of Sept 1899  
by Charles C. McArthur  
1st Regt. of U. S. Vol. Inf  
Assigned to 44 " Regiment  
of U. S. Vol. Inf  
INSTRUCTIONS.  
One of these papers will be prepared in the  
case of every recruit enlisted, and will be for-  
warded by the Recruiting Officer to the Adjutant  
General of the Army with his timonthly reports.

GAARDEN—OCTOBER 14, 1903.

#### \*CONSENT IN CASE OF MINOR.

I, \_\_\_\_\_, DO CERTIFY that I am the  
\_\_\_\_\_ of \_\_\_\_\_; that the said  
\_\_\_\_\_ is \_\_\_\_\_  
years of age; and I do hereby freely give my CONSENT to his enlisting as a SOLDIER in the VOLUNTEER ARMY OF THE UNITED  
STATES for the period ending June 30, 1901.

Given at \_\_\_\_\_  
this \_\_\_\_\_ day of \_\_\_\_\_ 1899

WITNESS:

8-154

\*NOTE—This certificate must be filled in in the case of every recruit enlisted under the age of twenty-one (21) years.





\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY



\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# Philippine Insurrection.

Record and Pension Office,

WAR DEPARTMENT.

Respectfully returned to the

Commissioner of Pensions.

Slide C. Mc Intire  
was enlisted Sept. 6<sup>th</sup>, 1899;  
was assigned to Co. "A", 44<sup>th</sup> Reg't,  
U.S.V. and was No. 1 with Co June 30<sup>th</sup>, 1901

Name Slide C. Mc Intire, not  
found on rolls above company

From enlist, 1899, to No. 1, 1900,  
he held the rank of Pvt. and Corporal.

and the rolls on file for that period show him present  
except as follows: Sick in Hospital Dec. 31<sup>st</sup>,  
1899 to Jan. 5, 1900, incl,

Original report of medical examination on  
preliminary to muster-out loaned herewith.

No physical defects found on report of  
physical examination at enlistment.

Age: 21 1/2; height: 5 feet, 10 1/2 inches;  
Complexion: Dark  
Eyes: Brown; hair: Brown  
Place of birth: Kearney Co., Neb.  
Occupation: R.R.

The medical records show him treated as follows:

as Clyde C. Mc Intire,  
Pvt., Co. A, 44<sup>th</sup> Vol. Inf  
in Regt. Hosp. Oct. 20 to  
21/99 Acute Diarrhoea  
in line of duty, ret'd. to  
duty; in Regt. Hosp. Ba-  
colod, P. O. Jan. 1 to 6/1900  
Vaccinia, in line of duty,  
ret'd. to duty; in Regt.  
Hosp. Milongos, P. O.  
June 13 to 16/1900  
Tumour right axilla  
cause intervention, in line  
of duty, ret'd. to duty;  
July 8 to 26/1900 Acute

Pruriginous outer surface  
both ankles, in line of  
duty, ret'd. to duty; Dec.  
9 to 14/1900 Lumbago  
acute, in line of duty,  
ret'd. to duty; & Feb 16  
to 18/1901 Acute Diar-  
rhoea, in line of duty,  
ret'd. to duty.  
Nothing additional  
found on records of the  
Regt. Hosp. 199 to June  
1901



BY AUTHORITY OF THE SECRETARY OF WAR:

T. D. Quinn

Chief, Record and Pension Office.

Per

Washington, D. C.,

(COMMISSIONER OF PENSIONS.)



WAR WITH SPAIN.

WAR DEPARTMENT,  
RECORD AND PENSION OFFICE.Fully returned to the Commissioner  
in S.

Reg't

189

filled

189

189 to 1

the rank of

ing that period the rolls show him  
except as follows:

Place of birth,

age, years; occupation

height, feet, inches; com-

plexion, ; color of eyes,

color of hair,

The medical records show him treated as  
follows:

By authority of the Secretary of War:

Colonel, U. S. Army, Chief of Office.

Per

Date

(COMMISSIONER OF PENSIONS.)



# WAR WITH SPAIN.

OLD WAR AND NAVY DIVISION.

J. K. Exr.

## Department of the Interior,

BUREAU OF PENSIONS,

Washington, D. C., Aug. 13, 1901

O. W. & N. DIVISION  
AUG 20 1901  
RECEIVED.

RECORD & PENSION OFFICE

Inn. Orig. (b)(6)  
Clide E. McIntire,  
Co. D, 44 U. S. V. Inf

SIR:

For use in the above-entitled claim for pension, you are requested to furnish this Bureau with a full military and medical history and personal description, including birthplace and occupation, of

Clide E. McIntire, who, it is alleged, enlisted

Sept. 6, 1899, at

as a private in Co. D, 44 Regiment U. S. V. Inf.

and was discharged June 30, 1901, at Presidio, Cal.

Please report any physical defect noted at enlistment

Please furnish copy of certificate of examination preliminary to master out

It is also alleged that on or about Jan., 1900, he was disabled

by Cold & Malarial poisoning, resulting in disease of urinary organs and derangement of nervous system; about July - 1900, by Stomach & bowel trouble; about Apr. - 1901 by disease of heart and was treated in hospital as follows:

In Hospitals at Bacolod and Hilongas

Very respectfully,

H. Clay Evans

Commissioner.

The Chief of the  
Record and Pension Office,  
War Department.



EXAMINATION PRELIMINARY TO MUSTER-OUT OF U. S. SERVICE OR DISCHARGE  
IN THE CASE OF

*Elide C. McIntire*, a Corporal in Co. "A", 44<sup>th</sup> Reg't of Inf U.S.

Declaration of Person to be Mustered Out of Service or Discharged.

Question. Have you any reason to believe that at the present time you are suffering from the effects of any wound, injury, or disease, or that you have any disability or impairment of health, whether incurred in the military service or otherwise?

Answer. *Yes*

Q. If so, describe the disability, stating the nature and location of the wound, injury or disease. A. *varicose and chest trouble*

Q. When was the disability incurred? A. *Former, July, 1900. Latter, during enlistment*

Q. Where was the disability incurred? A. *"Leyti Island P.O." during enlistment*

Q. State the circumstances, if known, under which the disability was incurred. A. *Former, expeditions in mountains of Leyti Island P.O. Latter, Exposed to the weather in the field and tropical climate*

I declare that the foregoing questions and my answers thereto have been read over to me, and that I fully understand the questions, and that my replies to them are true in every respect and are correctly recorded.

Witness:

*John S. Hetcham Jr*  
*Capt Co "A" 44<sup>th</sup> Reg't U.S.*

*Elide C. McIntire*

Dated *on board U.S.A.T. Logan June 8<sup>th</sup>, 1901*

Certificate of Company Commander or other Immediate Commanding Officer.

Question. Do you know, or have you any reason to believe, aside from his own statement, that the person who made and signed the foregoing declaration is disabled or impaired in health, at the present time, by reason of any wound, injury, or disease, whether incurred in the military service of the United States or otherwise? A. *None known*

Q. If so, describe the disability, stating the nature and location of the wound, injury, or disease, so far as known. A. *None known*

Q. When was the disability incurred? A. *None known*

Q. Where was the disability incurred? A. *None known*

Q. State the circumstances, if known, under which the disability was incurred. A. *None known*

Q. Was the disability incurred in line of duty? A. *None known, Habits excellent.*

I CERTIFY that the foregoing statement is correct to the best of my knowledge and belief.

*John S. Hetcham Jr*  
*Capt - 44<sup>th</sup> Reg't U.S.*

Commanding Co. "A", 44<sup>th</sup> Reg't of Inf U.S.

Dated *on board U.S.A.T. Logan June 8<sup>th</sup>, 1901*



Certificate of Examining Surgeon

IN THE CASE OF

*Chide C. McIntire*, a *Corp* of Co *C*, *44* Reg't *U. S. V.*

Question. Have you subjected the person named above to a thorough physical examination? Answer. *Yes*

Q. Do you find that at the present time he has any disability, whether incurred in the military service or not? A. *No*

Q. If any disability is found to exist, describe the character and seat of the wound or injury, or the nature of the disease.

A. \_\_\_\_\_

Q. State whether, in your opinion, the disability originated in the line of duty in the military service of the United States.

A. \_\_\_\_\_

Q. Is the disability permanent? A. \_\_\_\_\_

Q. To what extent does the disability disqualify him for the performance of manual labor? A. \_\_\_\_\_

I CERTIFY that the foregoing statement is correct to the best of my knowledge and belief.

*James M. [Signature]*

Presidio of S. F., Cal.

JUN 27 1901

Dated at \_\_\_\_\_, 189

War Dept. R. & P. O. Aug. 16" 1901.  
This paper loaned to the Commissioner of  
Pensions this day

EXAMINATION

PRELIMINARY TO

Master-out of Service or Discharge

IN THE CASE OF

*Chide C. McIntire*

a *Corporal* of Co. "C"

*Reg't of [Signature]*

Presidio of S. F., Cal.

JUN 27 1901

We the undersigned members  
of a board of examining surgeons  
for mustering-out U. S. V. troops  
at Presidio of S. F. Cal., after care-  
fully examining

*Chide C. McIntire*

of Co. *A*, *44* Reg't, *Infantry*  
U. S. Vols, find that he has

No Disability

*C. B. Grandy*  
MAJOR AND SURGEON, U. S. V.

*[Signature]*  
MAJOR AND SURGEON, U. S. V.



3-1638

INCREASE

ACT OF JUNE 2

Cer

Clide C. McIntire

P.O.,

County,

State,

Application filed Jan. 7, 1931

Service, A 144 U.S. Vol. Inf.

2/4/31, Dr. H.W. Seager, Los Angeles, Calif., mky

Attorney,

P. O.,

County,

State,

CLAIM NO.

(b)(6)

Examiners are required to keep the unimportant papers in this wrapper.

I certify that the inclosed papers are of no value in determining the merits of this claim.

Examiner.

**PAPERS NOT  
BRIEFED.**

**DISCHARGE CERTIFICATES, POWERS OF  
ATTORNEY, AND CONTRACTS FOR  
FEES NOT TO BE INCLOSED.**



Ex'r.

SOLDIER

Notified

Chub DEC 28 1933  
19

(b)(6)

ACT OF

Clide C. McIntire

(b)(6)

Service

(b)(6)

Application filed: Dec. 18, 1933

other claim,

(b)(6)

19

Clerk.

Attorney:

None

P. O.

CONGRESSIONAL

5-851

*McIntire* EX'R.

INVALID.

7.0 (b)(6)

ACT OF MAY 1 1926 *Miss*

*Elide C. McIntire,*  
*228 So. 3rd St.,*  
*Chickasha*

*Okla.*  
Service *A-44-U.S. Vol. Inf.*

Application filed: *Aug. 14, 1928*

other (b)(6)

, 192 Clerk.

Attorney: *none*

P. O.

*Sen. E. Thomas + Clint*

Notified *AUG 18 1928*, 192  
*m. to.*

*Aug 28/28 Hon Elmer Thomas*  
*+ Clint advise by letter of*  
*statement required of Clint*  
*as to filing prior claim.*  
*E M McD.*

*Sept 4, 28 Bd Chickasha, Okla. ja*  
*Hon. Elmer Thomas notified.*

*AUG 20 1928*

*m. H.*



(b)(6)

for origin of disease  
service records  
malariation disease  
of his organ development  
system and  
disease of heart. R. E. H.  
Mch. 9/06 Rec'd for  
P.O. of Rittenham and  
Trexler R. E. H.  
March 1/06 aty Howe  
P.O. address of Rittenham  
Trexler, Shirley and  
Watrous - and aty.  
P.O. address of Trexler  
Watrous R. E. H.  
April 24/06 aty Howe  
replied affidavit for  
and correspond with  
July 7/06 R. E. H.  
Mch. 1/06 aty Howe  
aty to Watrous.  
Record Div. for P.O. H.  
July 19/06 M. F.  
P.O. comrades to aty Howe.  
M. F.

SERIAL NO. 13/212.  
WAR WITH SPAIN.

ABANDONED

Elide C. McDermott  
P. O. Lamont  
Grant Leo. Okla.  
Service: Corp. A - 44 - U.S. Inf.  
Enlisted: Sept. 6, 1899  
Discharged: June 30, 1901  
Application filed: July 9, 1901  
Alleges: No claim  
Reenlisted:  
Numerical No. 39237  
Cert. of Dis. Searched for 1  
Attorney: O. E. Howe  
P. O. Washington D.C.  
Recognized. Contract.  
Cert. of Dis. Searched for 1

TO A. & N. S.  
1901, Aug. 13, R. & P. O. for service.  
Cmt. - Mar. Circ.  
" Oct. 5. Med. Ex. J. H.

Enid, Okla. Ty - aty. Howe  
mtd.  
1902. Feb. 7. Med. Ex. Bd  
Enid, Okla. Ty. aty  
Home mtd.  
Med. Ref. Council order is -  
and Oct 5. 1901 - Bd Enid,  
Okla. Ty. + forward ac -  
comparing order - J. H.  
Sept. (b)(6) aty. G. E.  
Home for origin of dis-  
ease of heart and mala-  
rial poisoning treatment  
for same in service and  
since discharge. R. E. H.  
O. for additional med-  
ical treatment. D. H.  
Jan. 27-1905 aty. G. E.  
Home for clmt's affi-  
davit showing name  
of organ affected when and  
where said affection  
first appeared. D. H.

COPY MADE BY VBA FROM A RECORD IN VA'S POSSESSION

202-10 File Comb.  
11-15-49.  
B.S.A.



# DECLARATION FOR INVALID ARMY PENSION.

NOTE.—This can be executed before any officer authorized to administer oaths for general purposes. If such officer uses a seal certificate of Clerk of Court is not necessary. If no seal is used, then such certificate must be attached.

State of California, County of San Francisco, SS.

On this 1st day of July, A. D., one thousand nine hundred and One

personally appeared before me, a Notary Public within and for the County and State aforesaid Clide C. McIntire aged 22

years, residing in the County of Grant, State of Oklahoma

who, being duly sworn according to law, declares that he is the identical Clide C. McIntire

who was enrolled on the 6 day of Sept, 1899, as a Priv

in Company A, of the 44 Regiment of U. S. Inf Vol.,

commanded by Captain J. C. Statcham

and was honorably discharged at Presidio S. F., State of

California on the 30 day of June, 1901

That his personal description is as follows: Age 24 years; height 5 feet 10 1/2 inches; complexion Dark

eyes Brown; hair Brown That while a member of the organization aforesaid, in the service and in the

line of his duty, at or near a place called Bacolod, State of P. I.

on or about the Jan day of 1900, incurred or contracted

a cold resulting catarrh also malarial poisoning resulting disease of urinary organs. Lumbago also Derangement of nervous system also at Hilongas P. I. in July 1900 contracted Stomach and bow trouble also at Matallun P. I. in April 1901 contracted disease of heart was treated in Hosp at Bacolod & Hilongas P. I.

That he was in the military or naval service of the United States prior to no other service

or subsequent to no other service (Date of enlistment.)

(Date of discharge.)

(State full service. Give all dates of enlistment and discharge.)

Claimant desires to be ordered before the board of U. S. Examining Surgeons at no other service

Since leaving the service he has resided in no other service, and his occu

pation has been that of a Soldier That prior to his entry into the service above

named, he was a man of good, sound, physical health, being when enrolled a Railroad man

That he is now physically disabled from obtaining his subsistence by manual labor

by reason of his injuries above described, received in the service of the United States; and he therefore makes this

declaration for the purpose of being placed on the invalid pension roll of the United States.



That he has not received nor applied for a pension.

He hereby appoints, with full power of substitution and revocation,

**O. E. HOWE, of Washington, D. C.**

his true and lawful attorney, to prosecute his claim. His post-office address is

Grant Co

Oklahoma

X Thos B Nixon

X Clide C. Mc Intire  
(Signature of Claimant.)

X James Earnest  
(Two witnesses who can write.)

Also personally appeared Thos B. Nixon

residing at SAN FRANCISCO, CAL.

and James Earnest

residing at SAN FRANCISCO, CAL.

persons whom I certify to be respectable and entitled to credit, and who, being duly sworn, say that they were present and saw the claimant Clide C. Mc Intire, sign his name [make his mark] to the foregoing declaration; that they have every reason to believe from the appearance of said claimant and their acquaintance with him that he is the identical person he represents himself to be; and that they have no interest in the prosecution of this claim.

X Thos B Nixon  
(Signature of Witness.)

X James Earnest  
(Signature of Witness.)

(If either of the witnesses sign by X mark, two persons who can write their names MUST sign on these two lines.)

Sworn to and subscribed before me, this 1st day of July A. D. 1901

and I hereby certify that the contents of the above declaration, etc., were fully made known and explained to the applicant and witnesses before swearing, including the words

[SEAL.]

erased, and the words

added; and that I have no interest, direct or indirect in the prosecution of this claim.

George Patterson  
(Official Signature.)

NOTARY PUBLIC

(Official Character.)

Commission expires

DEC. 6, 1902

WAR WITH SPAIN

INVALID

CLAIM FOR PENSION.

No.

CLAIM OF

Clide C. Mc Intire

Rank, A. 44<sup>th</sup> Reg't, Volts.

WAR WITH SPAIN

O. E. HOWE,

ATTORNEY

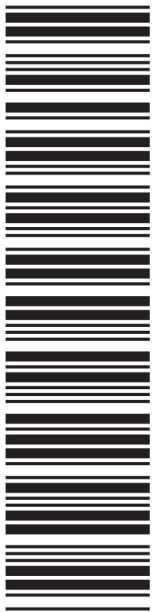
WASHINGTON, D. C.

1901





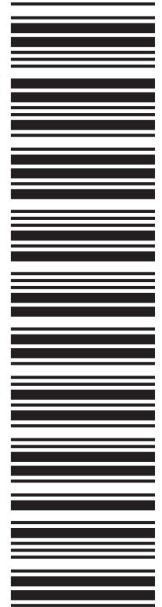
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

**BESTCOPY**

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# Execute and Return BOTH Forms

This form of Fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of Interior, July 8, 1884, under provisions of the Act of Congress, approved July 4, 1881.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

## ARTICLES OF AGREEMENT.

WHEREAS I, Clide C. McIntire  
[Name of Claimant. If a widow, guardian, mother or father, give name of soldier also].

late a Private  
in Company A, of the 44th Regiment of U. S. Inf. Volunteers  
War of Spain, having made application for pension under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my Attorney,

C. H. OAKWOOD, Washington, D. C.

the fee of TWENTY-FIVE DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said Attorney, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and then the same shall be paid to said Attorney in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

X Thos Nixon X Clide C. McIntire  
[Signature of Claimant].

X James Earnest X Lancost Okla  
[Two Witnesses should always sign here]. [Post Office Address].

State of California, County of San Francisco, ss:

BE IT KNOWN, that on this, the 1st day of July, A. D., 1901, personally appeared Clide C. McIntire, the above named claimant, who, after having had it read over to him in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement voluntarily signed and acknowledged the same to be his free act and deed.

[L. S.]

George Patterson  
[Official Signature].

NOTARY PUBLIC

NOTE—The claimant can execute this before any officer authorized to administer oaths.

## Attorney's Acceptance.

Leave the following blank, make no insertion whatever in it.

AND NOW, to-wit, this 1st day of July, A. D., 1901, I accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises. I hereby certify that I have received from the claimant above named, the sum of no dollars and no more, no dollars being for fee, and the sum of no dollars, being for postage and other expense. And that these agreements have been executed in duplicate without additional cost to the claimant as required by law, in excess of the fee above named, the said attorney making no charge therefor.

WITNESS my hand the year and day above written.

C. H. Oakwood  
Signature of Attorney.

State of California, County of San Francisco, ss:

Personally came C. H. Howe whom I know to be the person he represents himself to be, and who having signed above acceptance of agreement, acknowledged the same to be his his free act and deed.

Witness my hand and seal this 1st day of July, 1901

[L.S.]

George Patterson  
Notary Public.

## COMMISSIONER'S APPROVAL.

APPROVED FOR TWENTY-FIVE DOLLARS, and payable to C. H. OAKWOOD  
the recognized attorney.

Commissioner of Pensions.



This Contract is Permissible Under the Law but not Compulsory.

Read the following Copy of the Statute:

Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled.

SEC. 3. That Section 4785 of the Revised Statutes is hereby re-enacted and amended, so as to read as follows:

"SEC. 4785. No agent, or attorney, or other person shall demand or receive any other compensation for his services in prosecuting a claim for pension or bounty land than such as the Commissioner of Pensions shall direct to be paid to him, not exceeding \$25; nor shall such agent, attorney or other person demand or receive such compensation, in whole or in part, until such pension or bounty land claim shall be allowed: *Provided*, That in all claims allowed since June 20, 1878, where it shall appear to the satisfaction of the Commissioner of Pensions that the fee of \$10 or any part thereof, has not been paid, he shall cause the same to be deducted from the pension, and the pension agent to pay the same to the recognized attorney."

SEC. 4. That Sec. 4786 of the Revised Statutes is hereby amended, so as to read as follows:

"SEC. 4786. The agent or attorney of record in the prosecution of the case *may cause to be filed with the Commissioner of Pensions duplicate articles of agreement without additional cost to the claimant, setting forth the fee agreed upon by the parties, which agreement shall be executed in the presence of and certified by some officer competent to administer oaths. In all cases where application is made for pension or bounty land, and no agreement is filed with the Commissioner as herein provided, the fee shall be \$10 and no more.* And such articles of agreement as may hereafter be filed with the Commissioner of Pensions are not authorized, nor will they be recognized except in claims for original pensions, claims for increase of pension on account of new disability, in claims for restoration where a pensioner's name has been or may hereafter be dropped from the pension rolls on testimony taken by a special examiner; showing that the disability or cause of death, on account of which the pension was allowed, did not originate in the line of duty, and in case of dependant relatives whose names have been or may hereafter be dropped from the rolls on like testimony, upon the grounds of non-dependance, and in such other cases of difficulty and trouble as the Commissioner of Pensions may see fit to recognize them: *Provided*, That no greater fee than \$10 shall be demanded, received or allowed in any claim for pension or bounty land granted by special act of Congress, nor in any claim for increase of pension on account of the increase of the disability for which the pension had been allowed: *And provided further*, That no fee shall be demanded, received or allowed in any claim for arrears of pension or arrears of increase of pension allowed by any act of Congress passed subsequent to the date of the allowance of the original claims in which such arrears of pension or increase of pension may be allowed."

And if, in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed, it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land, who shall directly or indirectly contract for, demand or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant, the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

WAR WITH SPAIN  
Execute and RETURN BOTH FORMS.

FEE AGREEMENT.

No.

CLAIM OF

Charles C. McIntire

Late Priv. Co. G. A.  
44 Reg't Ill. Inf. Vol's

FOR

Pension

FILED BY

C. H. COAKWOOD,

ATTORNEY,

Washington, D.C.

COLLINS PRINT 522 CHARLES BLOCK DENVER.

JUL 12 1901



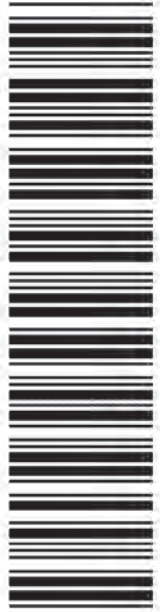
\* O B E S T C O P Y \*



\* O B E S T C O P Y \*

# BESTCOPY

\* O B E S T C O P Y \*



\* O B E S T C O P Y \*



Execute and Return BOTH Forms

This form of Fee contract is prescribed by the Commissioner of Pensions and approved by the Secretary of Interior, July 8, 1884, under provisions of the Act of Congress, approved July 4, 1884.

TO BE EXECUTED IN DUPLICATE WITHOUT ADDITIONAL COST TO CLAIMANT.

ARTICLES OF AGREEMENT.

WHEREAS I,

*Clide C. Mc Intire*  
[Name of Claimant. If a widow, guardian, mother or father, give name of soldier also].

late a

in Company *A*, of the *44<sup>th</sup>* Regiment of *W. S. Ruby* Volunteers  
War of *Spain*, having made application for pension under the laws of the United States.

NOW THIS AGREEMENT WITNESSETH: That for and in consideration of services done and to be done in the premises, I hereby agree to allow my Attorney,

*O. C. Howe* **C. H. OAKWOOD, Washington, D. C.**

the fee of TWENTY-FIVE DOLLARS, which shall include all amounts to be paid for any services in the furtherance of said claim; and said fee shall not be demanded by, or payable to my said Attorney, in whole or in part, except in case of the granting of my pension by the Commissioner of Pensions; and then the same shall be paid to said Attorney in accordance with the provisions of sections 4768 and 4769 of the Revised Statutes, U. S.

X *Thos Nixon*

X *Clide C. Mc Intire*  
[Signature of Claimant].

X *James Earnest*  
[Two Witnesses should always sign here].

*Lamont Okla*  
[Post Office Address].

State of *California*, County of *San Francisco*, ss:

BE IT KNOWN, that on this, the *12<sup>th</sup>* day of *July*, A. D., 190*1*, personally appeared *Clide C. Mc Intire*, the above named claimant, who, after having had it read over to *him* in the hearing and presence of the two attesting witnesses the contents of the foregoing articles of agreement voluntarily signed and acknowledged the same to be *his* free act and deed.

[L. S.]

*George Patterson*  
[Official Signature].  
**NOTARY PUBLIC**

NOTE—The claimant can execute this before any officer authorized to administer oaths.

Attorney's Acceptance.

Leave the following blank, make no insertion whatever in it.

AND NOW, to-wit, this *12<sup>th</sup>* day of *July*, A. D., 190*1*, I accept the provisions contained in the foregoing articles of agreement, and will to the best of my ability, endeavor faithfully to represent the interest of the claimant in the premises. I hereby certify that I have received from the claimant above named, the sum of *no* dollars and no more, *no* dollars being for fee, and the sum of *no* dollars, being for postage and other expense. And that these agreements have been executed in duplicate without additional cost to the claimant as required by law, in excess of the fee above named, the said attorney making no charge therefor.

WITNESS my hand the year and day above written.

*John Howe*  
Signature of Attorney.

State of *California*, County of *San Francisco*, ss:

Personally came *John Howe* whom I know to be the person *he* represents himself to be, and who having signed above acceptance of agreement, acknowledged the same to be his free act and deed.

Witness my hand and seal this *12<sup>th</sup>* day of *July*, 190*1*

[L.S.]

*George Patterson*  
Notary Public.

COMMISSIONER'S APPROVAL.

APPROVED FOR TWENTY-FIVE DOLLARS, and payable to *O. C. Howe* **C. H. OAKWOOD**  
the recognized attorney.

Commissioner of Pensions.



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And if, in the adjudication of any claim for pension in which such articles of agreement have been or may hereafter be filed, it shall appear that the claimant had, prior to the execution thereof, paid to the attorney any sum for his services in such claim, and the amount so paid is not stipulated therein, then every such claim shall be adjudicated in the same manner as though no articles of agreement had been filed, deducting from the fee of \$10 allowed by law such sum as claimant shall show that he has paid to his said attorney.

Any agent or attorney or other person instrumental in prosecuting any claim for pension or bounty land, who shall directly or indirectly contract for, demand or receive or retain any greater compensation for his services or instrumentality in prosecuting a claim for pension or bounty land than is herein provided, or for payment thereof at any other time or in any other manner than is herein provided, or who shall wrongfully withhold from a pensioner or claimant, the whole or any part of the pension or claim allowed and due such pensioner or claimant, or the land warrant issued to any such claimant, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall for every such offense be fined not exceeding \$500, or imprisoned at hard labor not exceeding two years, or both, in the discretion of the court.

APPROVED JULY 4, 1884.

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Execut-and RETURN BOTH FORMS.

FEE AGREEMENT.

No

CLAIM OF

Chide C. McIntire

Late

Col

Vol's

FOR

Pension

FILED BY

C. H. COXWOOD,

ATTORNEY,

Washington, D.C.

COLLINS PRINT 922 CHAMBERS BLOCK DENVER.